


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000002360
1. Entity Name
SEE'S CANDY SHOPS, INCORPORATED



Principal Place of Business
210 EL CAMINO REAL
SAN FRANCISCO, CA 94080

Mailing Address
210 EL CAMINO REAL
SAN FRANCISCO, CA 94080

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
95-1205740 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1100000220595
02/08/05-80076-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BUFFETT, WARREN E 210 EL CAMINO REAL SAN FRANCISCO, CA 94080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGGINS, CHARLES N 210 EL CAMINO REAL SAN FRANCISCO, CA 94080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAN DOREN, RICHARD 210 EL CAMINO REAL SAN FRANCISCO, CA 94080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AREVALO, DONNA 210 EL CAMINO REAL SAN FRANCISCO, CA 94080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TREMONT, JAMES F 210 EL CAMINO REAL SAN FRANCISCO, CA 94080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC SCOTT, KENNETH 210 EL CAMINO REAL SAN FRANCISCO, CA 94080

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: K C Scott 1/28/05 (650)583-7307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kenneth C. Scott Treasurer & CFO