

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000063825

Entity Name: KOPPE'S KANDLES, INC.

FILED  
Apr 19, 2009  
Secretary of State

**Current Principal Place of Business:**

21709 HOBBY HORSE LANE  
CHRISTMAS, FL 32709

**New Principal Place of Business:**

**Current Mailing Address:**

3665 ALAMANCE ROAD  
BURLINGTON, NC 27215

**New Mailing Address:**

FEI Number: 59-3728086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOPCZYNSKI, KEVIN P  
21709 HOBBY HORSE LANE  
CHRISTMAS, FL 32709 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KOPCZYNSKI, KEVIN P  
Address: 21709 HOBBY HORSE LANE  
City-St-Zip: CHRISTMAS, FL 32709

Title: VD ( ) Delete  
Name: KOPCZYNSKI, MARY-ELLEN  
Address: 3665 ALAMANCE ROAD  
City-St-Zip: BURLINGTON, NC 27215

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN P KOPCZYNSKI

PD

04/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date