


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 429228. 1. Entity Name PENSACOLA CANDY COMPANY	
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Principal Place of Business 380 LURTON STREET PENSACOLA, FL 32505-2297	Mailing Address 380 LURTON STREET PENSACOLA, FL 32505-2297
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1475918	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MOULTON, JAMES C.
380 LURTON STREET
PENSACOLA, FL 32505-2297**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

**1100000376276
08/12/05-80003-006 550.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MOULTON, ROBERT W. 380 LURTON STREET PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MOULTON, JAMES C. 380 LURTON STREET PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MOULTON, MARTHA M 380 LURTON ST PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Gene Heath**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-05 **850-433-8847**
Date Daytime Phone #