

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90238 040 ***158.75

DOCUMENT # 429228

1. Entity Name
PENSACOLA CANDY COMPANY



Principal Place of Business
**380 LURTON STREET
PENSACOLA, FL 32505-2297**

Mailing Address
**380 LURTON STREET
PENSACOLA, FL 32505-2297**

DO NOT WRITE IN THIS SPACE



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1475918

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VS
NAME MOULTON, ROBERT W.
STREET ADDRESS 380 LURTON STREET
CITY-ST-ZIP PENSACOLA, FL

TITLE PT
NAME MOULTON, JAMES C.
STREET ADDRESS 380 LURTON STREET
CITY-ST-ZIP PENSACOLA, FL

TITLE AS
NAME MOULTON, MARTHA M
STREET ADDRESS 380 LURTON ST
CITY-ST-ZIP 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 exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Martha M Moulton Martha M. Moulton 4-25-08 (850)438-5655