

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 851339

1. Entity Name

RUSSELL STOVER CANDIES, INC.



**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business

4900 OAK STREET  
ATTN: ACCOUNTING  
KANSAS CITY MO 64112  
US

Mailing Address

4900 OAK STREET  
ATTN: ACCOUNTING  
KANSAS CITY MO 64112  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1243415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P. O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME WARD, SCOTT H  
STREET ADDRESS 1217 W. 55TH ST  
CITY- ST- ZIP KANSAS CITY, MO 00000

TITLE ☐ Change ☐ Addition  
NAME 1100000276365  
STREET ADDRESS 03/25/05-80036-022 150.00  
CITY- ST- ZIP

TITLE S ☐ Delete  
NAME WARD, THOMAS  
STREET ADDRESS 2920 VERONA ROAD  
CITY- ST- ZIP SHAWNEE MISSION KS

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VD ☐ Delete  
NAME O'HARA, LINDA L  
STREET ADDRESS 9 FORDYCE LANE  
CITY- ST- ZIP ST LOUIS MO

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VP ☐ Delete  
NAME WARD, ADELAIDE C.  
STREET ADDRESS 5049 WORNAIL ROAD 3CD  
CITY- ST- ZIP KANSAS CITY MO 64112

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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: *Louise Carr*

V. P. Finance 3/16/05 (816)842-9240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #