

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

558.75

**FILED**

2006 MAY 26 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # F05000006516**  
1. Entity Name  
FLOWERS SPECIALTY SNACK SALES, INC.

Principal Place of Business  
1919 FLOWERS CIRCLE  
THOMASVILLE, GA 31757

Mailing Address  
1919 FLOWERS CIRCLE  
THOMASVILLE, GA 31757

**DO NOT WRITE IN THIS SPACE**



05192006 No Chg-P CR2E034 (11/05)

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>62-1574151  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2006**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCD<br>FRYE, JASON<br>1411 MOUNTAIN ROAD<br>ANDERSONVILLE, TN 37705       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>COURTNEY, MARK<br>1411 MOUNTAIN ROAD<br>ANDERSONVILLE, TN 37705     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>VANN, JEFF<br>1411 MOUNTAIN ROAD<br>ANDERSONVILLE, TN 37705         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>JOHNSON, JOANNA<br>1411 MOUNTAIN ROAD<br>ANDERSONVILLE, TN 37705    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AT<br>LAUDER, KARYL<br>1411 MOUNTAIN ROAD<br>ANDERSONVILLE, TN 37705      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>TILMAN, STEPHANIE B<br>1919 FLOWERS CIRCLE<br>THOMASVILLE, GA 31757 |

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06/12/06--01075--001 \*\*550.00

700076113647  
06/12/06--01075--002 \*\*33.75

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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:** Karyl Lauder **Karyl Lauder** 5-24-2006 229-226-9110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #