


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90418 037 ***150.00

DOCUMENT # F05000006516

1. Entity Name
FLOWERS SPECIALTY SNACK SALES, INC.



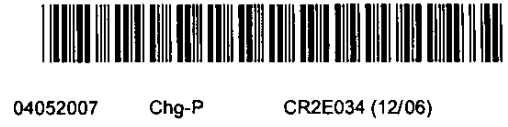
Principal Place of Business Mailing Address
1919 FLOWERS CIRCLE **1919 FLOWERS CIRCLE**
THOMASVILLE, GA 31757 **THOMASVILLE, GA 31757**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

4. FEI Number Applied For
62-1574151 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD FRYE, JASON 1411 MOUNTAIN ROAD ANDERSONVILLE, TN 37705	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COURTNEY, MARK 1411 MOUNTAIN ROAD ANDERSONVILLE, TN 37705	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VANN, JEFF 1411 MOUNTAIN ROAD ANDERSONVILLE, TN 37705	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, JOANNA 1411 MOUNTAIN ROAD ANDERSONVILLE, TN 37705	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LAUDER, KARYL 1411 MOUNTAIN ROAD ANDERSONVILLE, TN 37705	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TILMAN, STEPHANIE B 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 H. Lauder 4/6/2007 Daytime Phone # _____

ATTACHMENT
40072003
#F05000006516

Flowers Specialty Snack Sales, Inc. (f/k/a Flowers Bakery Distributors, Inc.) (f/k/a Flowers Snack Distributors, Inc.) (a Tennessee corporation)

Directors

Mark Courtney
Jeff Priestwood

Officers

Mark Courtney—Vice President
Jeff Priestwood—Vice President of Operations
Cynthia Smith—Secretary/Treasurer
Karyl Lauder—Assistant Treasurer
Stephanie Tillman—Assistant Secretary

1919 Flowers Circle
Thomasville, GA 31757