

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006516

FILED
May 25, 2010
Secretary of State

Entity Name: FLOWERS SPECIALTY SNACK SALES, INC.

Current Principal Place of Business:

1919 FLOWERS CIRCLE
THOMASVILLE, GA 31757

New Principal Place of Business:

Current Mailing Address:

1919 FLOWERS CIRCLE
THOMASVILLE, GA 31757

New Mailing Address:

FEI Number: 62-1574151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: COURTNEY, MARK
Address: 1919 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757

Title: VP
Name: PRIESTWOOD, JEFF
Address: 1919 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757

Title: ST
Name: SMITH, CYNTHIA
Address: 1919 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757

Title: AT
Name: LAUDER, KARYL
Address: 1919 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757

Title: AS
Name: TILMAN, STEPHANIE B
Address: 1919 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHANIE TILLMAN

AS

05/25/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date