

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # F94000005851

1. Entity Name  
BRACH'S CONFECTIONS, INC.



Principal Place of Business  
4120 JERSEY DR  
CHATTANOOGA, TN 37421 US

Mailing Address  
P O BOX 22427  
CHATTANOOGA, TN 37422 US



04052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-3484272	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324

**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

U00000750376  
05/18/07-80056-027 150.00

**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

U00000750376  
05/18/07-80056-026 8.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAAK, CHARLES D 4120 JERSEY PIKE CHATTANOOGA, TN 37422
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACOBS, ANDREAS 4120 JERSEY PIKE CHATTANOOGA, TN 37421
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FREY, WENDY J 4120 JERSEY PIKE CHATTANOOGA, TN 37421
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEMAESENEIRE, PATRICK 4120 JERSEY PIKE CHATTANOOGA, TN 37421
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS DANIELS, JULIE 4120 JERSEY PIKE CHATTANOOGA, TN 37421
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

4.17.2007

Date

423 899 1100

Daytime Phone #