


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000000954</b> 1. Entity Name <b>FERRARA PAN CANDY CO., INC.</b>	
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Principal Place of Business <b>7301 WEST HARRISON ST. FOREST PARK, IL 60130</b>	Mailing Address <b>7301 WEST HARRISON ST. FOREST PARK, IL 60130</b>
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**DO NOT WRITE IN THIS SPACE**



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>36-3331581</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LAMCA, FRANK 122-D WEYBRIDGE CIRCLE ROYAL PALM BEACH, FL 33411</b>
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**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 re-registering) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	C FERRARA, NELLO 830 LATHROP RIVER FOREST, IL 60305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C PAGANO, LOUIS V 22 TARTAN RIDGE BURR RIDGE, IL 60521
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAGANO, THOMAS A 1237 LAURIE LANE BUR RIDGE, IL 60521
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FERRARA, SALVATORE II 931 ASHLAND AVE. RIVER FOREST, IL 60305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BUFFARDI, JAMES S 121 BRIARWOOD LOOP OAK BROOK, IL 60521
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUFFARDI, LOUIS J 121 BRIARWOOD LOOP OAK BROOK, IL 60521

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IN THIS SPACE**

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03/18/04-80002-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: James S. Buffardi **JAMES S. BUFFARDI** 3/11/04 708 366-0500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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