

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000000954

1. Entity Name
FERRARA PAN CANDY CO., INC.



Principal Place of Business
7301 WEST HARRISON ST.
FOREST PARK, IL 60130

Mailing Address
7301 WEST HARRISON ST.
FOREST PARK, IL 60130



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3331581

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAMCA, FRANK
122-D WEYBRIDGE CIRCLE
ROYAL PALM BEACH, FL 33411

**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

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	FERRARA, NELLO
STREET ADDRESS	830 LATHROP
CITY - ST - ZIP	RIVER FOREST, IL 60305
TITLE	C
NAME	PAGANO, LOUIS V
STREET ADDRESS	22 TARTAN RIDGE
CITY - ST - ZIP	BURR RIDGE, IL 60521
TITLE	D
NAME	PAGANO, THOMAS A
STREET ADDRESS	1237 LAURIE LANE
CITY - ST - ZIP	BUR RIDGE, IL 60521
TITLE	PD
NAME	FERRARA, SALVATORE II
STREET ADDRESS	931 ASHLAND AVE.
CITY - ST - ZIP	RIVER FOREST, IL 60305
TITLE	STD
NAME	BUFFARDI, JAMES S
STREET ADDRESS	121 BRIARWOOD LOOP
CITY - ST - ZIP	OAK BROOK, IL 60521
TITLE	D
NAME	BUFFARDI, LOUIS J
STREET ADDRESS	121 BRIARWOOD LOOP
CITY - ST - ZIP	OAK BROOK, IL 60521

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07/12/05-80003-010 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

James S. Buffardi JAMES S. BUFFARDI 7/11/05 708-366-0560