

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001662

FILED
Mar 27, 2007
Secretary of State

Entity Name: STEWART CANDY COMPANY

Current Principal Place of Business:

P.O. BOX 1888
WAYCROSS, GA 315021888

New Principal Place of Business:

400 BONNEYMAN ROAD
BLACKSHEAR, GA 31516 US

Current Mailing Address:

P.O. BOX 1888
WAYCROSS, GA 315021888

New Mailing Address:

FEI Number: 58-0953300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOBURGER, JOHN H
6796 SMOKERISE DRIVE
MACCLENLY, FL 32063 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEWART, J E JR
Address: 694 MORNING DOVE LN.
City-St-Zip: WAYCROSS, GA 31501

Title: VD () Delete
Name: STEWART, J E III
Address: 650 MORNING DOVE LN
City-St-Zip: WAYCROSS, GA 31501

Title: SD () Delete
Name: STEWART, SAMUEL G
Address: 702 AVA ST
City-St-Zip: WAYCROSS, GA 31501

Title: TD () Delete
Name: STEWART, DEEN J
Address: 1066 WOOD VALLEY DR
City-St-Zip: WAYCROSS, GA 31501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEEN J. STEWART

CFO

03/27/2007

Electronic Signature of Signing Officer or Director

_____ Date