

FILED
Feb 28, 2005 08:00 AM
Secretary of State

NATIONAL CANDY COMPANY, INC.

Mailing Address

130 RYAN LAKE TRAIL
ALPHARETTA, GA 30004

1. The first part of the document is a header section containing the title "THE STATE OF NEW YORK" and the date "JANUARY 1, 1900".

2. The second part of the document is a table with two columns: "COUNTY" and "POPULATION". The table lists the population of each county in New York for the year 1900.

3. The third part of the document is a table with two columns: "COUNTY" and "POPULATION". The table lists the population of each county in New York for the year 1900.

4. The fourth part of the document is a table with two columns: "COUNTY" and "POPULATION". The table lists the population of each county in New York for the year 1900.

5. The fifth part of the document is a table with two columns: "COUNTY" and "POPULATION". The table lists the population of each county in New York for the year 1900.

6. The sixth part of the document is a table with two columns: "COUNTY" and "POPULATION". The table lists the population of each county in New York for the year 1900.

7. The seventh part of the document is a table with two columns: "COUNTY" and "POPULATION". The table lists the population of each county in New York for the year 1900.

8. The eighth part of the document is a table with two columns: "COUNTY" and "POPULATION". The table lists the population of each county in New York for the year 1900.

9. The ninth part of the document is a table with two columns: "COUNTY" and "POPULATION". The table lists the population of each county in New York for the year 1900.

10. The tenth part of the document is a table with two columns: "COUNTY" and "POPULATION". The table lists the population of each county in New York for the year 1900.

02252005 No Chg-P CR2E034 (10/03)

Applied For
Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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. 000194657
2005-83063-006 150.00

**DO NOT WRITE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #