

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000160077

1. Entity Name
CUSTOM CANDY CONCEPTS, INC.



Principal Place of Business
**12023 DOUBLEHEAD GAP ROAD
ELLIJAY, GA 30536 US**

Mailing Address
**12023 DOUBLEHEAD GAP ROAD
ELLIJAY, GA 30536 US**



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1926677

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BASS, BARRY J
5706 MELALEUCA DRIVE
TAMARAC, FL 33319**

**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 \$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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BASS, BARRY J 5706 MELALEUCA DRIVE TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WEISS, MARK S 6009 INNES TRACE LOUISVILLE, KY 40222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAUFMAN, LEONID 600 BAYVIEW AVENUE INWOOD, NY 11096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000666320
03/23/07-80065-022 150.00

**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

3-12-07 706 636 2493

Date

Daytime Phone #