

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000080866

FILED  
Apr 18, 2009  
Secretary of State

Entity Name: GRACIE'S CORNER CANDLE SHOPPE, INC.

**Current Principal Place of Business:**

2555 STATE STREET  
WEST MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

2555 STATE STREET  
WEST MELBOURNE, FL 32904 US

**New Mailing Address:**

FEI Number: 26-3282482

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COCKERHAM, JON  
2555 STATE STREET  
WEST MELBOURNE, FL 32904 US

**Name and Address of New Registered Agent:**

COCKERHAM, JON S MR  
2555 STATE STREET  
WEST MELBOURNE, FL 32904 US

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: JON S COCKERHAM

04/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P, S ( ) Delete  
Name: COCKERHAM, JON  
Address: 2555 STATE STREET  
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: VP ( ) Delete  
Name: COCKERHAM, LAURA  
Address: 2555 STATE STREET  
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: T ( ) Delete  
Name: CLARK, JOSEPH  
Address: 2555 STATE STREET  
City-St-Zip: WEST MELBOURNE, FL 32904 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P, S (X) Change ( ) Addition  
Name: COCKERHAM, JON S MR  
Address: 2555 STATE STREET  
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: VP (X) Change ( ) Addition  
Name: COCKERHAM, LAURA D MRS  
Address: 2555 STATE STREET  
City-St-Zip: WEST MELBOURNE, FL 32904 US

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

I hereby certify that the information supplied with this filing does not qualify 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: JON S COCKERHAM

PRES

04/18/2009

Electronic Signature of Signing Officer or Director

Date