

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P39760

1. Entity Name
ROCKY MOUNTAIN CHOCOLATE FACTORY, INC.



Principal Place of Business
**265 TURNER DRIVE
DURANGO, CO 81301**

Mailing Address
**265 TURNER DRIVE
DURANGO, CO 81301**



04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-0910696

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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**

**U000000721338
05/01/07-80142-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CRAIL, FRANKLIN E 265 TURNER DRIVE DURANGO, CO 81303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOT MERRYMAN, BRYAN 265 TURNER DR DURANGO, CO 81303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAINOR, FRED 265 TURNER DRIVE DURANGO, CO 81303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTENSON, LEE N. 265 TURNER DRIVE DURANGO, CO 81303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIEN, GERALD A. 265 TURNER DRIVE DURANGO, CO 81303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ, VIRGINIA 265 TURNER DR DURANGO, CO 81303

**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

Virginia Perez April 12, 2007 970-259-0554

Date

Daytime Phone #