## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 AM Secretary of State

DOCUMEN	IT #	P9500	004	1137
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1. Entity Name

CONKLIN'S CANDYLAND, INC.



Principal Place of Business

Mailing Address

8966 BELVEDERE ROAD

PU B DOM

DO NOT WRITE IN THIS SPACE

WEST PALM BEACH, FL 33411 US

P O BOX 210008 ROYAL PALM BEACH, FL 33421-0008 US



04232007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0589398 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

G. ROSS CURRY 8966 BELVEDERE ROAD WEST PALM BEACH, FL 33411

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title in	d applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	DPST CONKLIN, JODI M 8966 BELVEDERE RD WEST PALM BEACH, FL 33411	-	<i>U00000746345</i> 05/16/07-80066-013 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					00/10/01 00000 015 156.15
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CIFY-ST-ZIP				IN <sup>*</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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:

ANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

JODI CONKLIN

4/25/07

(561) 793-247

Daytime Phone #