

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S92783**

**1. Entity Name**  
**WHOLESALE CANDY DISTRIBUTORS, INC.**



**Principal Place of Business**  
3000 N UNIVERSITY DR  
E  
CORAL SPRINGS, FL 33065

**Mailing Address**  
3000 N UNIVERSITY DR  
E  
CORAL SPRINGS, FL 33065



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
65-0294066

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BUSKIRK, TRACY  
3000 N. UNIVERSITY DR.  
E  
CORAL SPRINGS, FL 33065

**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, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

000000096748  
03/26/04-80010-016 150.00

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
D  
BUSKIRK, TRACY  
3000 N UNV DRIVE STE E  
CORAL SPRINGS, FL 33071

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

1-12-04 954-981-6796

Date

Daytime Phone #