


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 820518
1. Entity Name
ORANGE JULIUS OF AMERICA



Principal Place of Business Mailing Address
7505 METRO BLVD **P O BOX 39286**
MINNEAPOLIS, MN 55439 US **MINNEAPOLIS, MN 55439 US**



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
95-2241725 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution

U00000157997
05/07/04-80003-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MOOTY, JOHN W.
STREET ADDRESS	7505 METRO BLVD
CITY - ST - ZIP	MINNEAPOLIS, MN 55439
TITLE	PD
NAME	MOOTY, CHARLES
STREET ADDRESS	7505 METRO BLVD
CITY - ST - ZIP	MINNEAPOLIS, MN 55439
TITLE	S
NAME	ZUCCO, WILLIAM
STREET ADDRESS	7505 METRO BLVD
CITY - ST - ZIP	MINNEAPOLIS, MN 55439
TITLE	VP
NAME	WATSON, EDWARD A.
STREET ADDRESS	7505 METRO BLVD
CITY - ST - ZIP	MINNEAPOLIS, MN 55439
TITLE	TC
NAME	SIMPSON, JAMES
STREET ADDRESS	7505 METRO BLVD
CITY - ST - ZIP	MINNEAPOLIS, MN 55439
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

04/30/04
Date Days/Time Phone #