


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 820518
 1. Entity Name
 ORANGE JULIUS OF AMERICA



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



DO NOT WRITE IN THIS SPACE

07062005 No Chg-P CR2E034 (10/03)
 4. FEI Number: 95-2241725 Applied For / 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

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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: _____ (NOTE: Registered Agent signature required when reinstating)
 U00000372395
 07/12/05-80684-021 150.00

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

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	

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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)(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
 Date _____ Daytime Phone # _____