


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-06-2006 90075 043 ***150.00

DOCUMENT # P02000080847					
1. Entity Name PRETZELS GALORE, INC.					
Principal Place of Business 1801 NW HWY. 19 CRYSTAL RIVER FL 34429		Mailing Address 200 TORTUGA DR. NOKOMIS FL 34275			
2. Principal Place of Business		3. Mailing Address <i>1801 NW Hwy 19.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Crystal River FL</i>		4. FEI Number 81-0564012	
Zip		Zip <i>34429</i>		Country <i>USA</i>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIEGEL, JOHN D 1705 E MCKINLEY ST HERNANDO FL 34442			7. Name and Address of New Registered Agent Name <i>SIEGEL - John D</i> Street Address (P.O. Box Number is Not Acceptable) <i>1688 E ST James Loop</i> City <i>EVERNESS</i> FL Zip Code <i>34453</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature returned when registering)</small>					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPS <input type="checkbox"/> Delete	TITLE	SIEGEL John D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIEGEL, JOHN D	NAME	<i>SIEGEL John D</i>		
STREET ADDRESS	70 E PICKINLEY ST	STREET ADDRESS	<i>1688 E ST James Loop</i>		
CITY-ST-ZIP	HERNANDO FL 34442	CITY-ST-ZIP	<i>EVERNESS FL 34453</i>		
TITLE	DVT <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIEGEL, JOE M	NAME	<i>SIEGEL Joe M.</i>		
STREET ADDRESS	200 TORTUGA DR.	STREET ADDRESS	<i>3100 SW College Rd 34474</i>		
CITY-ST-ZIP	NOKOMIS FL 34275	CITY-ST-ZIP	<i>426 Ocala FL 34472</i>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Joseph M Siegel</i> U-P <i>2/23/06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



ATTACHMENT
66002725

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2006

PRETZELS GALORE, INC.
1801 NW HWY. 19
CRYSTAL RIVER, FL 34429

Subject: **PRETZELS GALORE, INC.**

Reference Number: **P02000080847**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION