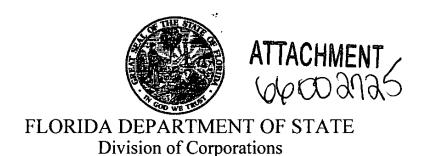
## 2006 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

## Secretary of State **DOCUMENT # P02000080847** 02-06-2006 90075 043 \*\*\*150.00 1. Entity Name PRETZELS GALORE, INC. Principal Place of Business Mailing Address 1801 NW HWY. 19 CRYSTAL RIVER FL 34429 200 TORTUGA DR. NOKOMIS FL 34275 2. Principal Place of Business 3. Mailing Address 801 NEW HOWY Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For 81-0564012 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered SIEGEL, JOHN D Street Address (P.O. Box Number is Not Acceptable) 1705 E MCKINLEY ST HERNANDO FL 34442 In derness Zio Code 3445 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, typed or printed namer of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 -Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 HILE DPS TITLE John C Change | Addition ☐ Delcte SIEGET NAME SIEGEL, JOHN D HAME STREET ADDRESS 70 E PICKINLEY ST STREET ADDRESS CHY-ST-7IP HERNANDO FL 34442 CITY-ST-ZIP DVT TTILE Delete TITLE Change Addition 15956 SIEGEL, JOE M Joe NAME STREET ADDRESS 200 TORTUGA DR. STREET ADDRESS 100 SW College. CITY-ST-ZIP NOKOMIS FL 34275 CITY-ST-ZIP Ocaks TATLE Delate TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete ☐ Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITES ☐ Addition MALLE 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 path; that I am an officer or director of the corporation or the regeliver 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 attackment with an address, with all other like empowered. SIGNATURE D OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Feb 27, 2006 8:00 am



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 <u>has not been filed</u> 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