


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90022 014 ***150.00

DOCUMENT # P03000134821 1. Entity Name 2 J'S GOURMET, INC.					
Principal Place of Business 1613 CHELSEA ROAD, #355 SAN MARINO, CA 91108 US			Mailing Address 1613 CHELSEA ROAD, #355 SAN MARINO, CA 91108 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number OLD 33-1069684 / NEW 77-0614399	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROBINSON, FAYE 11101 S.W. 69TH CIRCLE OCALA, FL 34476				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAXWELL, SHERIE	NAME	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	821 N. CORDOVA STREET	STREET ADDRESS			
CITY-ST-ZIP	ALHAMBRA, CA 91801	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNOTT, JEFFREY M	NAME			
STREET ADDRESS	821 N CORDOVA ST	STREET ADDRESS			
CITY-ST-ZIP	ALHAMBRA, CA 91801	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBINSON, FAYE	NAME			
STREET ADDRESS	11101 SW 69TH CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34476	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBINSON, JERRY	NAME	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	11101 SW 69TH CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34476	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 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: <i>Sherie Maxwell</i>		SHERIE MAXWELL		3/1/04	626-576-0121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	