2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000003541

1. Entity Name
GLORIA JEAN'S GOURMET COFFEES CORP.

Principal Place of Business	Mailing Address
28 EXECUTIVE PARK #200 IRVINE, CA 92614	28 EXECUTIVE PARK #200 IRVINE, CA 92614

DO NOT WRITE IN THIS SPACE

03242005 No Chg-P CR2E034 (10/03)

4. FEI Number
36-3185413
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 _____ 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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	BRITTON, PAMELA
STREET ADDRESS	28 EXECUTIVE PARK, SUITE 200
CITY-ST-ZIP	IRVINE, CA 92614
TITLE	DP
NAME	MCGUINNESS, MATTHEW C
STREET ADDRESS	28 EXECUTIVE PARK, SUITE 200
CITY-ST-ZIP	IRVINE, CA 92614
TITLE	AS
NAME	KIMBLE, MATHEW
STREET ADDRESS	28 EXECUTIVE PARK, SUITE 200
CITY-ST-ZIP	IRVINE, CA 92614
TITLE	CFOD
NAME	LYNCH, MARTIN
STREET ADDRESS	28 EXECUTIVE PARK, SUITE 200
CITY-ST-ZIP	IRVINE, CA 92614
TITLE	D
NAME	LAVERTY, ROGER
STREET ADDRESS	28 EXECUTIVE PARK, SUITE 200
CITY-ST-ZIP	IRVINE, CA 92614
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: _____ 4/4/2005 949-260-6756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #