

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000000263

1. Entity Name
JAMBA JUICE COMPANY



Principal Place of Business
**1700 17TH STREET
SAN FRANCISCO, CA 94103**

Mailing Address
**1700 17TH STREET
SAN FRANCISCO, CA 94103**



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number
77-0283092

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

\$5.00 May Be
Added to Fees

**U00000093555
03/22/04-80022-020 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
CLAYTON, PAUL
1700 17TH STREET
SAN FRANCISCO, CA 94103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFOS
O'NEILL, JOSEPH P
1700 17TH STREET
SAN FRANCISCO, CA 94103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PERRON, KIRK J
1700 17TH STREET
SAN FRANCISCO, CA 94103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FOLEY, CRAIG
1700 17TH STREET
SAN FRANCISCO, CA 94103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KAGLE, ROBERT
1700 17TH STREET
SAN FRANCISCO, CA 94103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHENNAN, JAMES
1700 17TH STREET
SAN FRANCISCO, CA 94103**

**DO NOT WRITE
IN THIS SPACE**

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 persons empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04

Date

(415) 845-7100

Daytime Phone #