


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000040191</b>		
1. Entity Name PJ'S PALATABLES INCORPORATED		
Principal Place of Business 3207 TRADEWINDS TRAIL ORLANDO, FL 32805	Mailing Address 3207 TRADEWINDS TRAIL N/A ORLANDO, FL 32805	
<b>DO NOT WRITE IN THIS SPACE</b>		



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3632450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  PARRISH, JENNEL E 3207 TRADEWINDS TRAIL ORLANDO, FL 32805
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PARRISH, JENNEL 3207 TRADEWINDS TRAIL ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TURNAGE, CAROLYN 4444 S RIO GRANDE APT 320D ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PARRISH, ALZONA 615 CONROY STREET ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PARRISH, EYLINDA 3207 TRADEWINDS TRAIL ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/20/04-80004-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jennell E. Parrish* *April 30 2004 407-423-4661*