


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90033 037 ***150.00

DOCUMENT # P01000107226 1. Entity Name J.P.G. PRETZELS, INC.	
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Principal Place of Business 500 E UNIVERSITY AVE, SUITE A GAINESVILLE, FL 32601	Mailing Address P O DRAWER 2759 GAINESVILLE, FL 32602
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54027271



03122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3756736	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SALZMAN, ANTHONY J 500 E UNIVERSITY AVE, SUITE A GAINESVILLE, FL 32601

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, JAMES R 10042 NW 32ND AVE. 11432 NW 16 PL GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, GAIL 10931 NW 31ST RD GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, PHYLLIS E 11432 NW 16 PL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 like empowered.

SIGNATURE: <u>James R. Young</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-1-04 (352) 331-0064</u> <small>Date Daytime Phone #</small>
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