2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 08:00 AN Secretary of State

	AITHUAL	NEFORE	ال سال محمد والحياد	C CA A
DOCUMENT # P0200 329865 1. Entity Name COOKIES BY S&J GOURMET, INC.			Secretary of State	
Principal Plac	e of Business	Mailing Address		
1104 NEBRA	ISKA AVF	474 PURPLE FINCH WAY		
	OR, FL 34683	PALM HARBOR, FL 34683		
		,,		
D	O NOT WRITE 6. Name and Address of Current Re	194	CE	03232004 No Chg-P CR2E034 (10/03) 4. FEI Number
			1	
MARTELL, SUSANNE C				DO NOT WRITE
474 PURPLE FINCH WAY			DO NOT WITE	
PALM HARBOR, FL 34683			IN THIS SPACE	
				IN THIS STACE
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 obligat	ions of registered agent.	A	oo ombo or rogicies	ob agoing or pour, wrate out to or to took it arm terminal will, and becope
August Martall Sum M 1-11 3/00/20				
SIGNATURE JUNEAU				
	Signature, typed or printed name of registered agent and	title it applicable (NOTE, Registere	ed Agent signature required	d when reinstating)
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.				-00 May Be led to Fees
10.	OFFICERS AND D	RECTORS		
TITLE	DP			en Europe en Eur
NAME	MARTELL, SUSANNE C		l	
STREET ADDRESS	474 PURPLE FINCH WAY			(2000000011C
CITY-ST-ZIP	PALM HARBOR, FL 34683	wa -Jife a cr		U00000098115 U3/29/04-80026-023 150.00
TITLE	D		1	1/3/23/04-80025-023 150.00
NAME	MARTELL, DOUGLAS A			
STREET ADDRESS	474 PURPLE FINCH WAY		1	
CITY-ST-ZIP	PALM HARBOR, FL 34683			
TITLE	D		1	 :
NAME	BUDD, JENNIFER L		I	
STREET ADDRESS	1757 BARN OWL WAY		I	
CITY-ST-ZIP	PALM HARBOR, FL 34683			DO NOT WRITE
	D		1	11 TI II O O O O O O O O O O O O O O O O O
TITLE NAME	BUDD, KIRK M		1	IN THIS SPACE
STREET ADDRESS	1757 BARN OWL WAY		I	
City-ST-ZIP	PALM HARBOR, FL 34683			
			-1	
TITLE	Į		1	
NAME CTOTET LODGES	***************************************		1	
STREET ADDRESS			1	and a supplementary that the same of the s
CITY-ST-ZIP	 	<u> </u>		
TITLE	-			
NAME	services.		1	
STREET ADDRESS			1	
CITY-ST-ZIP		· · <u> </u>		
12. Thereby	certify that the information supplied with the	nis filing does not qualify for the exe	emption stated in Se	ection 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 wither address, with all other like empowered.				
changed, or on an attachment with the address, with all other like empowered.				