


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000029865
1. Entity Name
COOKIES BY S&J GOURMET, INC.



Principal Place of Business ... Mailing Address
1104 NEBRASKA AVE. 474 PURPLE FINCH WAY
PALM HARBOR, FL 34683 PALM HARBOR, FL 34683

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number **01-0610186** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MARTELL, SUSANNE C
474 PURPLE FINCH WAY
PALM HARBOR, FL 34683

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 _____ 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	DP
NAME	MARTELL, SUSANNE C
STREET ADDRESS	474 PURPLE FINCH WAY
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	D
NAME	MARTELL, DOUGLAS A
STREET ADDRESS	474 PURPLE FINCH WAY
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	D
NAME	BUDD, JENNIFER L
STREET ADDRESS	1757 BARN OWL WAY
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	D
NAME	BUDD, KIRK M
STREET ADDRESS	1757 BARN OWL WAY
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000188271
01/24/05-80048-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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:  **1-17-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #