

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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



Principal Place of Business ...
**1104 NEBRASKA AVE.
PALM HARBOR, FL 34683**

Mailing Address
**474 PURPLE FINCH WAY
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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	

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01/24/05-80048-013 150.00

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-04
Date

Daytime Phone #