ATTACHMENT 1 of 2

07-15-2008 90062 043 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40111008

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000052221

1. Entity Name
SMF PRETZELS INC.

Principal Place of Business	Mailing Address
9501 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32225	9501 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32225

07092008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	600 Spruce Creek Rd. Suite, Apt. #, etc.
City & State	City & State: Jacksonville, FL.
Zip / Country	Zip: 32259 / Country: Duval

4. FEI Number: 55-0865467 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FULLEN, SUSAN 600 SPRUCE CREEK RD. JACKSONVILLE, FL 32-2599	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Susan Fuller PRESIDENT 7-09-08
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FULLER, SUSAN 600 SPRUCE CREEK RD JACKSONVILLE, FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D NELSON, LISA 11854 US HWY 301 BRYCEVILLE, FL 32009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LUSHER, NANCY 7823 CHASE MEADOWS DR. W. JACKSONVILLE, FL 32256	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Fuller, Tracy 600 Spruce Creek Rd. Jacksonville, FL. 32259 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D FULLER, TRACY 14688 FERN HAMMOCK DR. JACKSONVILLE, FL 32258	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Susan Fuller PD. 7-09-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS

Susan Fuller
4508 Capital Dome Drive
Jacksonville, FL.32246

To whom it may concern:

I Susan Fuller did not receive any notice from the Florida Department of State prior to the division of Corporation Card.

I am asking for this penalty to be waived.

Thank you for understanding.

Sincerely,

Susan Fuller

P04000052221
SMF PRETZELS INC.