

ATTACHMENT

1 of 2

07-13-2008 90062 043 ***150.00

P04000052221

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**

08 AUG 11 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40111008



07092008 Chg-P CR2E034 (12/06)

DOCUMENT # P04000052221					
1. Entity Name SMF PRETZELS INC.					
Principal Place of Business 9501 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32225			Mailing Address 9501 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32225		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 600 Spruce Creek Rd.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Jacksonville, FL		
Zip	Country	Zip	Country	4. FEI Number 55-0865467	
32259	Duval	32259	Duval	Applied For Not Applicable	
5. Name and Address of Current Registered Agent FULLER, SUSAN 600 SPRUCE CREEK RD. JACKSONVILLE, FL 32-2599				6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				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.	
Name				DATE	
Street Address (P.O. Box Number is Not Acceptable)				7-09-08	
City				FL Zip Code	
SIGNATURE <u>Susan Fuller, President</u>				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	☒ 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: <u>Susan Fuller, P.</u> 7-09-08					

KS

Susan Fuller
4508 Capital Dome Drive
Jacksonville, FL 32246

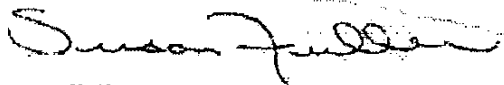
To whom it may concern:

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.