

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000052221

Entity Name: SMF PRETZELS INC.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

9501 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

600 SPRUCE CREEK RD.
JACKSONVILLE, FL 32259

New Mailing Address:

6442 HUNTSCOTT PL.
JACKSONVILLE, FL 32258

FEI Number: 55-0865467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLEN, SUSAN
600 SPRUCE CREEK RD.
JACKSONVILLE, FL 322599 US

Name and Address of New Registered Agent:

FULLEN, SUSAN
6442 HUNTSCOTT PL.
JACKSONVILLE, FL 322598 US

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.

SIGNATURE:

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FULLER, SUSAN
Address: 600 SPRUCE CREEK RD
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP/D () Delete
Name: NELSON, LISA
Address: 11854 US HWY 301
City-St-Zip: BRYCEVILLE, FL 32009

Title: T () Delete
Name: FULLER, TRACY
Address: 600 SPRUCE CREEK RD.
City-St-Zip: JACKSONVILLE, FL 32259

Title: S/D () Delete
Name: FULLER, TRACY
Address: 14688 FERN HAMMOCK DR.
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FULLER, SUSAN
Address: 6442 HUNTSCOTT PL.
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP/D (X) Change () Addition
Name: MARCELLE, LISA
Address: 11854 US HWY 301
City-St-Zip: BRYCEVILLE, FL 32009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN FULLER

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date