## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000105806

Title:

Name:

Address:

City-St-Zip:

FILED Apr 29, 2005 Secretary of State

Entity Nar	me: ANNIE (	CLYDE'S GOURMET SPE	CIALTIES, INC.			
Current P	rincipal Plac	e of Business:	New Principal Place of Business:			
	RT CAROLINI VILLE, FL 32		1561 CESERY BLVD. JACKSONVILLE, FL 32211			
Current M	lailing Addre	ess:	New Mailing Address:	New Mailing Address:		
	RT CAROLINI VILLE, FL 32		P.O. BOX 351081 JACKSONVILLE, FL 32235			
FEI Number:	: 20-1372075	FEI Number Applied For	) FEI Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of	Current Registered Age	nt: Name and Address of New Registered Agent:			
11116 FOR JACKSON The above	BRENDA J RT CAROLINI VILLE, FL 32 named entity of Florida.	225 US	r the purpose of changing its registered office or registered agent, or botl	٦,		
SIGNATUR		nie Cianature of Desister	Deta	_		
Election Car		onic Signature of Register ong Trust Fund Contribution (	•			
OFFICERS	S AND DIRE	CTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	COOPER, BR	CAROLINE RD.	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	COOPER, MIC	CAROLINE RD.	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	HODGES, PAI	CAROLINE RD.	Title: D (X) Change ( ) Addition Name: HODGES, PAMELA Address: 6379 BARRY DR. N City-St-Zip: JACKSONVILLE, FL 32208			
Title: Name: Address: City-St-Zip:	COOPER, AN	CAROLINE RD.	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:			

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BRENDA J. COOPER D 04/29/2005

( ) Delete

COOPER, BRENCE J

11116 FORT CAROLINE RD.

JACKSONVILLE, FL 32225

(X) Change ( ) Addition

COOPER, BRENEE J

11116 FORT CAROLINE RD.

JACKSONVILLE, FL 32225