


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90001 034 \*\*\*150.00

<b>DOCUMENT # P94000052923</b>	
1. Entity Name <b>M &amp; M FRESH &amp; DELICIOUS INCORPORATED</b>	

Principal Place of Business <b>THE PRETZEL TWISTER 220 MERRITT SQUARE MALL MERRITT ISLAND, FL 32952 US</b>	Mailing Address <b>THE PRETZEL TWISTER 220 MERRITT SQUARE MALL MERRITT ISLAND, FL 32952 US</b>
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**54068617**



2. Principal Place of Business		3. Mailing Address <b>JAMES MORRILL</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>543 JILLOTUS ST.</b>	
City & State		City & State <b>Merritt Isl. FL</b>	
Zip	Country	Zip	Country
<b>32952</b>		<b>Brevard</b>	

08162004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>MORRILL, JAMES G. 543 JILLOTUS ST. MERRITT ISLAND, FL 32952</b>		7. Name and Address of New Registered Agent	
		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 *James A. Morrill* DATE 8-15-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MORRILL, JAMES G 543 JILLOTUS ST MERRITT ISLAND, FL 32952</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MORRILL, KIM, 543 JILLOTUS ST. MERRITT ISLAND, FL 32952</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MORRILL, JILL 1217 POTOMAC MERRITT ISLAND, FL 32952</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MORRILL, ROBERT 1217 POTOMAC MERRITT ISLAND, FL 32952</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James A. Morrill* DATE 8-15-04 (321)452-7412  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #