

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90033 005 ***150.00

DOCUMENT # P95000004016

1. Entity Name
GAIL'S PRETZELS, INC.



Principal Place of Business
**6357 NEWBERRY RD (OAKS MALL)
 GAINESVILLE, FL 32605**

Mailing Address
**%MOODY & SALZMAN, PA
 P O DRAWER 2759
 GAINESVILLE, FL 32602**

54027270



03122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3293895	Applied For Not Applicable
------------------------------------	-------------------------------

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SALZMAN, ANTHONY J
 MOODY, SALZMAN & ROBERTSON
 500 E. UNIVERSITY AVENUE, SUITE A
 GAINESVILLE, FL 32602-2759**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, JAMES R 11432 NW 16 PL 10942 NW 32ND AVE GAINESVILLE, FL 32606 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VP YOUNG, PHYLLIS E 11432 NW 16 PL 10942 NW 32ND AVE GAINESVILLE, FL 32606 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAWRENCE, GAIL M 10951 NW 31 PL Gainesville, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 R. Young JAMES R YOUNG 4-1-04 (352) 331-0064
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #