

**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
**6351 NEWBERRY RD (OAKS MALL)
GAINESVILLE, FL 32605**

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

54027270



DO NOT WRITE IN THIS SPACE

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**

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 PD
NAME YOUNG, JAMES R
STREET ADDRESS 11432 NW 16 PL
CITY-ST-ZIP GAINESVILLE, FL 32606 32606

TITLE PD VP
NAME YOUNG, PHYLLIS E
STREET ADDRESS 11432 NW 16 PL
CITY-ST-ZIP GAINESVILLE, FL 32606 32606

TITLE STD
NAME LAWRENCE, GAIL M
STREET ADDRESS 10951 NW 31 PL
CITY-ST-ZIP Gainesville, FL 32606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #