



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000004016</b> 1. Entity Name <b>GAIL'S PRETZELS, INC.</b>	
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Principal Place of Business <b>6 NEWBERRY RD (OAKS MALL) GAINESVILLE, FL 32605</b>	Mailing Address <b>%MOODY &amp; SALZMAN, PA P O DRAWER 2759 GAINESVILLE, FL 32602</b>
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**DO NOT WRITE IN THIS SPACE**

	
03082005	No Chg-P CR2E034 (10/03)
4. FEI Number <b>59-3293895</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1100000263913 03/15/05-80005-015 150.00
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10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** 3-14-05 (352) 331-0064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #