

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

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**



03112008 No Chg-P CR2E034.(11/05)

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000858073
04/01/08-80030-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	YOUNG, JAMES R
STREET ADDRESS	11432 NW 16 PL
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	VP
NAME	YOUNG, PHYLLIS E
STREET ADDRESS	11432 NW 16 PL
CITY-ST-ZIP	GAINESVILLE, FL 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	
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 exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-8(352) 331-0064

Date

Daytime Phone #