


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90304 003 ***150.00

P96000074123		
1. Entity Name J.C.'S COOKERY, INC.		

Principal Place of Business 3336 TCU BLVD. ORLANDO, FL 32817	Mailing Address 3336 TCU BLVD. ORLANDO, FL 32817
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34043440

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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03252004

4. FEI Number 59-3399821		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75		

6. Name and Address of Current Registered Agent CRAWLEY, CLIFFORD L 3336 TCU BLVD. ORLANDO, FL 32817		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PSD CRAWLEY, CLIFFORD L 3336 TCU BLVD. ORLANDO, FL 32817	<input type="checkbox"/>		<input type="checkbox"/>
VP CRAWLEY, JAMES 945 COUNTY ROAD 419, CHULUOTA, FL 32766	<input type="checkbox"/>	VP CRAWLEY, JAMES 21745 Ft Christmas Rd Christmas FL 32709	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-04 (407) 677-1961
Date Daytime Phone #