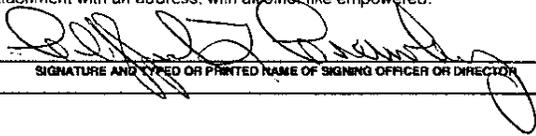


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3399821	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRAWLEY, CLIFFORD L 3336 TCU BLVD. ORLANDO, FL 32817			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
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.			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, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00			
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 <del>945 COUNTY ROAD 419,</del> 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: 			4-5-04 (407) 677-1961		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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