


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90169 003 ***150.00

DOCUMENT # V66452
 1. Entity Name
 LET'S COOK, INC.



Principal Place of Business: 1068 ORANGE PARK MALL, 1910 WELLS ROAD, ORANGE PARK, FL 32073 US
 Mailing Address: 2293 HAMMOCK OAKS DR N, JACKSONVILLE, FL 32223

94068998



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3153870 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JANICE DECKARD
 2293 HAMMOCK OAKS DR N
 JACKSONVILLE, FL 32223

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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: _____ (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	VP
NAME	PESEK, WENDY
STREET ADDRESS	308 ISLAND VIEW CIR
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	T
NAME	DECKARD, LAURIE
STREET ADDRESS	5926 N. HERMITAGE AVE. 5952 N. Paulina
CITY-ST-ZIP	CHICAGO, IL 60660
TITLE	VP
NAME	CROSBY, HOLLY
STREET ADDRESS	4381 CAMPBELL RD.
CITY-ST-ZIP	SNELLVILLE, GA 30039
TITLE	P
NAME	DECKARD, JANICE
STREET ADDRESS	2293 HAMMOCK OAKS DRIVE NORTH
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	S
NAME	DECKARD, RONALD
STREET ADDRESS	2293 HAMMOCK OAKS DRIVE NORTH
CITY-ST-ZIP	JACKSONVILLE, FL
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)(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: *Janice Deckard* x *4-23-04*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #