


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-28-2004 90169 003 \*\*\*150.00

<b>DOCUMENT # V66452</b> 1. Entity Name LET'S COOK, INC.	
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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
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**94068998**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3153870	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  JANICE DECKARD 2293 HAMMOCK OAKS DR N JACKSONVILLE, FL 32223
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<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"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PESEK, WENDY 308 ISLAND VIEW CIR ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DECKARD, LAURIE 5926 N. HERMITAGE AVE. 5952 N. Paulina CHICAGO, IL 60660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROSBY, HOLLY 4381 CAMPBELL RD. SNELLVILLE, GA 30039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECKARD, JANICE 2293 HAMMOCK OAKS DRIVE NORTH JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DECKARD, RONALD 2293 HAMMOCK OAKS DRIVE NORTH JACKSONVILLE, FL
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 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-23-04 Daytime Phone # \_\_\_\_\_