


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90045 036 \*\*\*150.00

<b>DOCUMENT # J17426</b>		
1. Entity Name <b>ART'S SANDWICH SHOP, INC.</b>		

Principal Place of Business <b>% ARTHUR ADKINS Sybil Adkins</b> <b>1018 SOUTH ORANGE BLOSSOM TRAIL</b> <b>ORLANDO FL 32805-3760</b>	Mailing Address <b>% ARTHUR ADKINS Sybil Adkins</b> <b>1018 SOUTH ORANGE BLOSSOM TRAIL</b> <b>ORLANDO FL 32805-3760</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number <b>59-2675049</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ADKINS, ARTHUR</b> <b>1018 S. ORANGE BLOSSOM TRAIL</b> <b>ORLANDO FL 32801</b>		7. Name and Address of New Registered Agent Name <b>Sybil Adkins</b> Street Address (P.O. Box Number is Not Acceptable) <b>1018 S. ORANGE BLOSSOM TRAIL</b> City <b>ORLANDO</b> FL Zip Code <b>32805</b>	

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 Sybil Adkins Arthur Adkins 3-2006  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ADKINS, ARTHUR</b> <b>9169 PRISTINE CIRCLE</b> <b>ORLANDO FL 32818</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ADKINS, SYBIL</b> <b>9169 PRISTINE CIRCLE</b> <b>ORLANDO FL 32818</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>ADKINS, MICHAEL JEFFREY</b> <b>1018 S ORANGE BLOSSOM TL</b> <b>ORLANDO FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ADKINS, MARK R</b> <b>1018 S ORANGE BLOSSOM TR</b> <b>ORLANDO FL 32818</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <b>ELAYNE KAPLOW</b> <b>1018 S. ORANGE BLOSSOM TR</b> <b>ORLANDO, FL 32818</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sybil Adkins Arthur Adkins 3/2006 407-425-7814  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #