2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 405457 1. Entity Name SOBIK'S SANDWICH SHOPS, INC.



FILED Apr 13, 2007 08:00 A Secretary of State

\$8.75 Additional

Fee Required

Principal Place of Business

211 W. 25TH ST. SANFORD, FL 32771 US Mailing Address

211 W. 25TH ST. SANFORD, FL 32771

US



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O NOT WRITE IN	THIS SPACE	4. FEI Number			Applied For
		59-14030	01	\Box	Not Applicable

6. Name and Address of Current Registered Agent

SOBIK, DENNIS J 211 W. 25TH ST. SANFORD, FL 32771

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

8. The above	named entity submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
	ions of registered agent.			
SIGNATURE.	Signature, typed or printed name of registered agent and title	d applicable /NOTE: Resurts	ered Agent signature required when reinstating)	DATE
····	digitations, typed or printed name or registered agont and into	n application. (NOTE, Prograte	and Mant sthimms tadmed at our tangentally	
	E NOW!!! FEE IS \$150.00	Election Campaign Final Trust Fund Contribution		
ATTER M	ay 1, 2007 Fee will be \$550.00	Trout Falla Continuation	7,0000 10 1 000	
10.	OFFICERS AND DIREC	OTORS		
TITLE	CD		· · · · · · · · · · · · · · · · · · ·	•
NAME	SOBIK, J JR			
STREET ADDRESS	211 W. 25TH ST.		Carlot Carlot Carlot	
CITY-ST-ZIP	SANFORD EL 32771			

V\$ TITLE NAME MILLER, TONY A. 1360 ENTERPRISE OSTEEN RD STREET ADDRESS CITY-ST-ZIP ENTERPRISE, FL 32725 TITLE SOBIK, DJ NAME STREET ADDRESS 2060 CITRUS COVE DR CITY-ST-ZIP OVIEDO, FL 32765 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITI F STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

000000702928 04/20/07-80119-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SI	G	N	ΔT	u	R	E:	

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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Daytme Phone #