


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 537008</b>			
1. Entity Name UNCLE CHARLIE'S SANDWICHES, INC.			
Principal Place of Business 1977 LANE AVE SO JACKSONVILLE, FL 32210	Mailing Address 1977 LANE AVE SO JACKSONVILLE, FL 32210		
<b>DO NOT WRITE IN THIS SPACE</b>			
		01152007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1746818	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MARTORANA, CARMELO 1977 LANE AVENUE S. JACKSONVILLE, FL 32210			<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		03/01/07-80061-012 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MARTORANA, CARMELO 1808 LAKEDGE DR. MIDDLEBURG, FL 32068		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MARTORANA, PAULA F 1808 LAKEDGE DR. MIDDLEBURG, FL 32068		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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<b>DO NOT WRITE IN THIS SPACE</b>			
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.			
SIGNATURE: <u>Carmelo Martorana</u>		CARMELO MARTORANA PRESIDENT	2/20/07 (904) 781-4770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #