

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 556693

1. Entity Name

SHANE'S SANDWICH SHOPS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 16 PM 12:45

Principal Place of Business

948 CESERY BLVD.
JACKSONVILLE FL 32211

Mailing Address

P.O. BOX 1660
CALLAHAN FL 32011



2. Principal Place of Business

948-B CESERY BLVD

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

59-2370150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOREY, BETH
44170 KOREYS LANE
CALLAHAN FL 32011

7. Name and Address of New Registered Agent:

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and file it applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

800075650988

06/01/06--01039--005 **150.00

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME KOREY, BETH
STREET ADDRESS 44170 KOREYS LN
CITY-ST-ZIP CALLAHAN FL 32011

TITLE ST ☐ Delete
NAME KOREY, BETH
STREET ADDRESS 4204 KOREYS LANE
CITY-ST-ZIP CALLAHAN FL 32011

TITLE V ☐ Delete
NAME KOREY, BETH
STREET ADDRESS 44170 KOREYS LN
CITY-ST-ZIP CALLAHAN FL 32011

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Beth Korey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

4-10-06 904-669-9740