

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # F53478

1. Entity Name
LENNOX AVENUE SUBWAY, INC.



Principal Place of Business
**5351 NORMANDY BLVD.
JACKSONVILLE, FL 32205 US**

Mailing Address
**1030 UNIVERSITY BLVD. NO.
JACKSONVILLE, FL 32211**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2137393

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRANCO, PHILIP H.
1030 UNIVERSITY BLVD. NO.
JACKSONVILLE, FL 32211**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	ADAMS, WALTER E
STREET ADDRESS	2522 FARRIER LANE
CITY-ST-ZIP	RESTON, VA 22091
TITLE	P
NAME	FRANCO, PHILIP H.
STREET ADDRESS	1030 UNIVERSITY BLVD. NO.
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	ST
NAME	FRANCO, FRED C.
STREET ADDRESS	6939 RIVERSEDGE ST CIRCLE
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

Philip H. Franco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip H. Franco

1-9-07
Date

904-743-8684
Daytime Phone #