2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# F99000002990

Entity Name: WALKER AND SON SUBWAY, INC.

Current Principal Place of Business:

1800 S HIGHWAY 77
SUITE 100
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 175
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 73-1393126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, CHARLES M P
353 BELL CIRCLE
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WALKER, CHARLES M
Address: 353 BELL CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

Title: S ( ) Delete
Name: WALKER, ALVINA I S,T
Address: 353 BELL CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

Title: V ( ) Delete
Name: WALKER, TRAVIS L
Address: 353 BELL CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

Title: V ( ) Delete
Name: WALKER, CHASITY M
Address: 3111 DEBRA AVE.
City-St-Zip: PANAMA CITY, FL 32405

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V ( ) Change (X) Addition
Name: WICKER, CRYSTAL D
Address: 4831 12TH AVE SE
City-St-Zip: NAPLES, FL 34117

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES M. WALKER PRES 01/26/2009
Electronic Signature of Signing Officer or Director — Date