


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90082 026 \*\*\*150.00

<b>DOCUMENT # H49572</b>		
1. Entity Name 1130-SUBWAY CORP.		
Principal Place of Business 940 SOUTH MAIN ST. BELLE GLADE, FL 33430	Mailing Address 940 SOUTH MAIN ST. BELLE GLADE, FL 33430	



**DO NOT WRITE IN THIS SPACE**

01262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2548680

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BKERT, CAROL  
1104 NORTH UMBERLAND CT  
W.PALM BCH., FL 33414

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRENT, CAROL 1104 NORTH UMBERLAND CT. W PALM BCH., FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRENT, RICHARD 1104 NORTH UMBERLAND CT. W PALM BCH., FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JPS MAX, AUSTIER 232 REX CT LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04 545960614  
Date Daytime Phone #