

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90029 026 ***150.00

DOCUMENT # H52122

1. Entity Name

WEST PALM BEACH SUBWAY CORP.



Principal Place of Business

57 MOORE LANE
NORTHBORO MA 01532
US

Mailing Address

57 MOORE LANE
NORTHBORO MA 01532
US

2. Principal Place of Business

291 main St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Northboro MA

Suite, Apt. #, etc.

City & State

City & State

Zip

01532

Country

middlesex

Zip

Country

Country

Country

4. FEI Number

59-2515680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

VULCANO, BETTY
3 AMHERST CORT APT. C
ROYAL PALM BEACH FL 33411

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, 2005 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 PT ☐ Delete
NAME VULCANO, MICHAEL
STREET ADDRESS 57 MOORE LANE
CITY-ST-ZIP NORTHBORO MA 01532

TITLE VP ☐ Delete
NAME VULCANO, MICHELE L
STREET ADDRESS 57 MOORE LANE
CITY-ST-ZIP NORTHBORO MA 01532

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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: Michael Vulcano *Michael Vulcano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/05 5083955229
Date Daytime Phone #