2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 01, 2005 8:00 am **Secretary of State** DOCUMENT # H88056 1. Entity Name 03-01-2005 90068 028 ***150.00 LARRY'S GIANT SUBS, INC. Principal Place of Business-Mailing Address 8816-BAYMEADOWS ROAD=> -8610-BAYMEADOWS ROAD JACKSONVILLE FL 32216 Principal Place of Business 3. Mailing Address 4479 Decrwood LK PKWY Deerwood Lake PK CR2E034 (10/04) 1st MOORE City & State 4. FEI Number Applied For 59-2626506 Not Applicable 7ip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required-7. Name and Address of New Registered Agent RAIKES, LARRY 8616-BAYMEADOWS RD- 4479 Deerwood LKPKW Street Address (P.O. Box Number is Not Acceptable) Jacksonville FL 32216 City 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE TITLE Change Delete Raikes, Mitchell NAME RAIKES, MITCHELL NAME 4479 Deerwood Lake PKWy Site 1 8616 BAYMEADOWS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP acksonville FL 32216 OP TITLE Delete THLE RAIKES, LAURENCE NAME NAME Raikes, Laurence 4479 Deerwood Lake PKWy Suite 1 nocksonville FL 32216 STREET ADDRESS 8616 BAYMEADOWS RD. STREET ADDRESS JACKSONVILLE FL C/TY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change ÑAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 addirest, with all other like empowered.

F SIGNING OFFICER OR DIRECTOR

FILED

Daylime Phone #