2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # J17426

1. Entity Name
ART'S SANDWICH SHOP, INC.

Principal Place of Business	Mailing Address
% SYBIL ADKINS 1018 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32806-3760	% SYBIL ADKINS 1018 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32806-3760

DO NOT WRITE IN THIS SPACE

03282007 No Chg-P CR2E034 (11/06)

4. FEI Number
59-2676049

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADKINS, SYBIL
1018 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32801

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE MONTH FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $6.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ADKINS, SYBIL
STREET ADDRESS	9169 PRISTINE CIRLCE
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	VPD
NAME	ADKINS, MICHAEL JEFFREY
STREET ADDRESS	1018 S ORANGE BLOSSOM TL
CITY-ST-ZIP	ORLANDO, FL
TITLE	ST
NAME	KAPILOW, ELAYNE
STREET ADDRESS	1018 S ORANGE BLOSSOM TR
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 blanks filled.

SIGNATURE: Sybil Adkins 3/29/07 407-425-7814
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #