

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90040 020 ***150.00



DOCUMENT # J87731

1. Entity Name
MAYPORT ROAD SUBWAY, INC.

Principal Place of Business
**2292 MAYPORT RD.
JACKSONVILLE, FL 32233 US**

Mailing Address
**1030 UNIVERSITY BLVD. NO.
JACKSONVILLE, FL 32211**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2843623

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FRANCO, PHILIP H.
1030 UNIVERSITY BLVD. NO.
JACKSONVILLE, FL 32211**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005, fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRANCO, PHILIP H.
STREET ADDRESS	1030 UNIVERSITY BLVD. NO.
CITY-ST-ZIP	JACKSONVILLE, FL 32211

TITLE	V
NAME	ADAMS, WALTER E.
STREET ADDRESS	2522 FARRIER LANE
CITY-ST-ZIP	RESTON, VA 22091

TITLE	ST
NAME	FRANCO, FRED C.
STREET ADDRESS	6939 RIVERSEGE ST CIRCLE
CITY-ST-ZIP	BRADENTON, FL 342025

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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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:

Philip H. Franco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 13 2005

Date

904-743-8684
Daytime Phone #