

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # J91281

1. Entity Name

SUBS NEW HAVEN, INC.



Principal Place of Business

3048 W. NEW HAVEN AVE.
W. MELBOURNE FL 32904

Mailing Address

1166 WILD FLOWER DR.
MELBOURNE FL 32940
US



2. Principal Place of Business - No P.O. Box #

AS SHOWN
Suite, Apt. #, etc.

3. Mailing Address

AS SHOWN
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-2854055

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORBETT, KOSTER SEC-TR
1166 WILD FLOWER DR.
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

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, 2007 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 ST
NAME CORBETT, KOSTER ☐ Delete
STREET ADDRESS 1166 WILD FLOWER DRIVE
CITY - ST - ZIP MELBOURNE FL 32940

TITLE P
NAME MYRNA F. CORBETT ☐ Delete
STREET ADDRESS 1166 WILD FLOWER DRIVE
CITY - ST - ZIP MELBOURNE FL 32940

TITLE VP
NAME CORBETT, KEVIN C ☐ Delete
STREET ADDRESS 1166 WILD FLOWER DRIVE
CITY - ST - ZIP MELBOURNE FL 32940

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
NAME 000000613514 ☐ Change ☐ Addition
STREET ADDRESS 02/05/07-80040-017 150.00
CITY - ST - ZIP

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
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 other like empowered.

SIGNATURE:

K Corbett KOSTER CORBETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-29-07

Daytime Phone #

321-253-6223