## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # J92609**

PARENTAL HOME RD. SUBWAY, INC.



Principal Place of Business

JACKSONVILLE, FL 32216

1821 PARENTAL HOME RD

Mailing Address

1030 UNIVERSITY BLVD. NO. JACKSONVILLE, FL 32211

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

03-24-2005 90040 014 \*\*\*150.00



01112005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2849311 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

\_\_\_6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

FRANCO, PHILIP H. 1030 UNIVERSITY BLVD. NO. JACKSONVILLE, FL \$2211

## DO NOT WRITE IN THIS SPACE

s.w								
	named entity submits this statement for the plans of registered agent.	urpose of changing its register	ed office or re	egistered agent, or bo	th, in the State of	Florida. I am familiar	with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title in	f applicable. (NOTE: Register	ed Agent signature	required when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution		\$5.00 May Be Added to Fees		,		
10. OFFICERS AND DIRECTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P :: . FRANCO, PHILIP H. 1030 UNIVERSITY BLVD. NO. JACKSONVILLE, FL 32211						- - -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADAMS, WALTER E. 2522 FARRIER LANE RESTON, VA 22091		٠.	•			•	
TITLE NAME STREET ADDRESST	ST FRANCO, FRED C. -6939 RIVERSEDGE ST CIRCLE BRADENTON, FL 34202			DO	NOT \	WRITE		
TITLE NAME				IN :	THIS S	PACE		

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:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

**JAN 1 3 2005** 

<u>904-743-868</u>