## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K54452

**FILED** Feb 14, 2007 08:00 AM **Secretary of State** 

SOUTHSIDE SUBWAY, INC.

Principal Place of Business

10771 BEACH BLVD. JACKSONVILLE, FL 32246 Mailing Address

1030 UNIVERSITY BLVD. NO. JACKSONVILLE, FL 32211



01042007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2923514

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

| 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).  |  |   |  | required when reinstating)     | DATE   |
| FILI<br>After Ma  | E NOWIII FEE IS \$150.00<br>by 1, 2007 Fee will be \$550.00                  | 9. Election Campaign Financing Trust Fund Contribution.                 |  | \$5.00 May Be<br>Added to Fees |  |
| 10.   | OFFICERS AND DIREC   | CTORS   |  |                                | The state of the s |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>FRANCO, PHILIP H.<br>1030 UNIVERSITY BLVD. N.<br>JACKSONVILLE, FL 32211 |   |  |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | V<br>ADAMS, WALTER E.<br>2522 FARRIER LANE<br>RESTON, VA 22091               |   |  |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ST<br>FRANCO, FRED C.<br>6939 RIVERSEDGE ST CIRCLE<br>BRADENTON, FL 34202    |   |  | DO                             | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | 304<br>204<br>204<br>204<br>204<br>204<br>204<br>204<br>204<br>204<br>2 |  | in in                          | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-SY-ZIP   |  |   |  |                                |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |  |                                |  |

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 cath; 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.