

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K92991

FILED
Jan 20, 2004
Secretary of State

Entity Name: SUBWAY MANAGEMENT LEASING CORP.

Current Principal Place of Business:

839 S FEDERAL HWY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3201
STUART, FL 34995

New Mailing Address:

FEI Number: 48-1300713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEAD, MICHAEL J
839 S FEDERAL HWY
STUART, FL 34994

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADAMS, ANDREA M
Address: PO BOX 3201
City-St-Zip: STUART, FL

Title: VP () Delete
Name: MEAD, MICHAEL J
Address: PO BOX 3201
City-St-Zip: STUART, FL 34995

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ADAMS, ANDREA M
Address: PO BOX 3201
City-St-Zip: STUART, FL 34994

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MEAD, KATHLEEN A
Address: 839 S FEDERAL HWY
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA M ADAMS

P D

01/20/2004

Electronic Signature of Signing Officer or Director

Date