

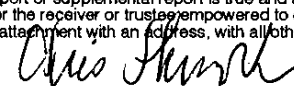


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90314 015 ***150.00

DOCUMENT # L00723 1. Entity Name BLIMPIE OF FLORIDA'S WEST COAST, INC.					
Principal Place of Business 441 173RD AVE. REDDINGTON BEACH, FL 33708 US				Mailing Address P. O. BOX 8695 MADEIRA BEACH, FL 33738 US	
2. Principal Place of Business 10293 Shady Oak Lane Suite, Apt. #, etc.		3. Mailing Address 10293 Shady Oak Lane Suite, Apt. #, etc.			
City & State Largo, FL		City & State Largo, FL		4. FEI Number 59-2964609	
Zip 33777		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHRYOCK, CHRIS 441 173RD AVE. REDINGTON BEACH, FL 33708		7. Name and Address of New Registered Agent Name Shryock, Chris Street Address (P.O. Box Number is Not Acceptable) 10293 Shady Oak Lane Largo, FL 33777 City Largo FL Zip Code 33777			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHRYOCK, CHRIS 441 173RD AVE. REDINGTON BEACH, FL 33708	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Shryock, Chris 10293 Shady Oak Lane Largo, FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		Chris Shryock 4/21/05 727 319-0030			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			