


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90369 023 ***150.00

DOCUMENT # L00723			
1. Entity Name BLIMPIE OF FLORIDA'S WEST COAST, INC.			
Principal Place of Business 10293 SHADY OAK LANE LARGO, FL 33777 US		Mailing Address 10293 SHADY OAK LANE LARGO, FL 33777 US	
2. Principal Place of Business - No P.O. Box # 8726 Laurel Dr Suite, Apt. #, etc.		3. Mailing Address 8726 Laurel Dr Suite, Apt. #, etc.	
City & State Pinellas Park FL		City & State Pinellas Park FL	
Zip 33782	Country Pinellas	Zip 33782	Country Pinellas
6. Name and Address of Current Registered Agent SHRYOCK, CHRIS 10293 SHADY OAK LANE LARGO, FL 33777		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8726 Laurel Dr City Pinellas Park FL Zip Code 33782	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 10293 SHADY OAK LANE SEMINOLE, FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8726 Laurel Dr Pinellas Park FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Chris Shryock</u> CHRIS SHRYOCK		Date: <u>4/24/08</u> 727 Daytime Phone #: <u>319-0030</u>	



04072008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2964609 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**