


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90331 049 \*\*\*150.00

**DOCUMENT # M89348**  
 1. Entity Name  
 TOWN 'N COUNTRY SUBWAY, INC.



Principal Place of Business      Mailing Address  
 8019 W HILLSBOROUGH      212 E CASS STREET  
 TAMPA, FL 33634 US      TAMPA, FL 33602 US

**DO NOT WRITE IN THIS SPACE**

40072276



03072006 No Chg-P CR2E034 (11/05)

4. FEI Number      Applied For  
 59-2894960      Not Applicable

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

6. Name and Address of Current Registered Agent  
 KHAN, MASOOD K  
 212 E CASS STREET  
 TAMPA, FL 33602

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9. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KHAN, MASOOD K.
STREET ADDRESS	212 E CASS STREET
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	KHAN, NANCY C.
STREET ADDRESS	212 E CASS STREET
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:       4/21/06 (813) 985-7899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #