2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000102512

Entity Name: SUBWAY OF LAKE BUTLER, INC

FILED Apr 13, 2004 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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715 EAST MAIN STREET LAKE BUTLER, FL 32054 US

Current Mailing Address: New Mailing Address:

ROUTE 12 BOX 273B 304 SE MOHAWK WAY SE MOHAWK WAY LAKE CITY, FL 32025 US

FEI Number: 59-3673144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HETRICK, MONTA M
ROUTE 12 BOX 273B
SE MOHAWK WAY
LAKE CITY, FL 32025 US

HETRICK, MONTA M
304 SE MOHAWK WAY
LAKE CITY, FL 32025 US

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: 04/13/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: HETRICK, MONTA M Name: HETRICK, MONTA M

 Address:
 ROUTE 12 BOX 273B
 Address:
 304 SE MOHAWK WAY

 City-St-Zip:
 LAKE CITY, FL 32025 US
 City-St-Zip:
 LAKE CITY, FL 32025 US

Title: V () Delete Title: V (X) Change () Addition
Name: HETRICK. RITA M Name: HETRICK. RITA M

 Name:
 HETRICK, RITA M
 Name:
 HETRICK, RITA M

 Address:
 ROUTE 12 BOX 298
 Address:
 200 SE APACHE WAY

 City-St-Zip:
 LAKE CITY, FL 32025 US
 City-St-Zip:
 LAKE CITY, FL 32025 US

Title: Title: () Delete (X) Change () Addition HETRICK, CHRISTOPHER M Name: HETRICK, CHRISTOPHER M Name: ROUTE 12 BOX 273B 304 SE MOHAWK WAY Address: Address: City-St-Zip: LAKE CITY, FL 32025 US City-St-Zip: LAKE CITY, FL 32025 US

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: MONTA HETRICK P 04/13/2004