2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-02-2004 90043 023 ***150.00

DOCUMENT # P02000036238

1. Entity Name
SUBS & GYROS EXPRESS, INC.

Principal Place of Business	Mailing Address
11599 66TH STREET NORTH LARGO, FL 33773	11599 66TH STREET NORTH LARGO, FL 33773

66412154

01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0653018
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PETALAS, JOHN
11599 66TH STREET NORTH
LARGO, FL 33773

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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: John Petalas 3-28-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PETALAS, JOHN H
STREET ADDRESS	1469 CHUKAR RIDGE
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	SD
NAME	PETALAS, BESSIE
STREET ADDRESS	1469 CHUKAR RIDGE
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	VTD
NAME	KAMBOUROLIAS, HARRY
STREET ADDRESS	1985 RADCLIFF DRIVE N
CITY-ST-ZIP	CLEARWATER, FL 33763
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 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: John Petalas John PeTalas 4-16-04 727-399-2299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #