

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

02-25-2005 90152 046 ***150.00

DOCUMENT # P02000036238

1. Entity Name
SUBS & GYROS EXPRESS, INC.



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

Mailing Address
**11599 66TH STREET NORTH
LARGO, FL 33773**

40023355



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0653018

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 | |

**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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Petalas **PRES** *2-22-05* *(27)647-0650*