

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000050250

Entity Name: ELLISVILLE SUBWAY, INC.

FILED
Apr 13, 2004
Secretary of State

Current Principal Place of Business:

RT 2 BOX 6011
HWY 441 S & I-75
LAKE CITY, FL 32024 US

New Principal Place of Business:

14075 S US HIGHWAY 441
HWY 441 S & I-75, EXIT 414
LAKE CITY, FL 32024 US

Current Mailing Address:

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

New Mailing Address:

304 SE MOHAWK WAY
LAKE CITY, FL 32025 US

FEI Number: 03-0451906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HETRICK, MONTA M PRES
ROUTE 12 BOX 273B
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

HETRICK, MONTA M PRES
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:

Title: P,T () Delete
Name: HETRICK, MONTA M
Address: RT 12 BOX 273B
City-St-Zip: LAKE CITY, FL 32025 US

Title: V,S () Delete
Name: HETRICK, CHRISTOPHER M
Address: RT 12 BOX 273B
City-St-Zip: LAKE CITY, FL 32025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,T (X) Change () Addition
Name: HETRICK, MONTA M
Address: 304 SE MOHAWK WAY
City-St-Zip: LAKE CITY, FL 32025 US

Title: V,S (X) Change () Addition
Name: HETRICK, CHRISTOPHER M
Address: 304 SE MOHAWK WAY
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

Electronic Signature of Signing Officer or Director

Date