

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000107023

1. Entity Name
BEST SUBS, INC.

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90026 032 ***150.00

Principal Place of Business
3501 A N. PONCE DE LEON BLVD.
SAINT AUGUSTINE, FL 32095

Mailing Address
1102 PRINCE RD.
ST. AUGUSTINE, FL 32086

01001000



2. Principal Place of Business		3. Mailing Address		04102004	Chg-P	CR2E034 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For	
City & State		City & State		11-6355184		
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GEDRIS, BARRY J 1102 PRINCE RD. ST. AUGUSTINE, FL 32086		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

3. 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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEDRIS, BARRY J 1102 PRINCE RD. ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-Pres. James Gedris 1102 Prince Rd St. Augustine, A. 32086 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sedrick Gedris 1102 Prince Rd St. Augustine, A. 32086 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Debbie Gedris 1102 Prince Rd St. Augustine, A. 32086 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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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; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barry J. Gedris Barry J. Gedris 4/15/2004 904-819-7806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #