

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91034 024 \*\*\*150.00

**DOCUMENT # P02000110832**

1. Entity Name  
**SUBWAY 4685, INC.**



Principal Place of Business  
**420 PARK PLACE BLVD.  
 SUITE 100  
 CLEARWATER, FL 33759**

Mailing Address  
**420 PARK PLACE BLVD.  
 SUITE 100  
 CLEARWATER, FL 33759**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip



04202004 Chg-P CR2E034 (10/03)

4. FEI Number  
**37-1448576** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HUBBART, KEVIN J ESQ.  
 420 PARK PLACE BLVD.  
 SUITE 100  
 CLEARWATER, FL 33759**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (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	P	<input type="checkbox"/> Delete
NAME	<b>IBRAHIM, KHADER H</b>	
STREET ADDRESS	<b>10214 WATERSIDE OAKS DR</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33647</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KHADER, IBRAHIM H.</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** IBRAHIM KHADER **IBRAHIM KHADER** 4/26/04 **813 299 4142**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #