

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90026 007 \*\*\*150.00

**DOCUMENT # P03000016048**

1. Entity Name

JMB SUBWAY, INC.



Principal Place of Business  
3838 N. MAIN STREET  
GAINESVILLE FL 32609

Mailing Address  
6025 NW 34TH TERRACE  
GAINESVILLE FL 32653



2. Principal Place of Business - No P.O. Box #

3000 NW 83rd Street

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Bldg B #103

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Zip

32606

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

11-3677104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOHR, JEFFREY D  
6025 NW 34TH TERRACE  
GAINESVILLE FL 32653

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

*Jeffrey D. Mohr*

Jeffrey D. Mohr  
President

2/10/07

(Signature typed or printed name of registered agent and title is acceptable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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	MOHR, JEFFREY D	
STREET ADDRESS	6025 NW 34TH TERRACE	
CITY- ST- ZIP	GAINESVILLE FL 32653	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOHR, MARY BETH	
STREET ADDRESS	6025 NW 34TH TERRACE	
CITY- ST- ZIP	GAINESVILLE FL 32653	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 exemptions contained in Section 119, 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:

*Jeffrey D. Mohr*

Jeffrey D. Mohr  
President

2/10/07

(352) 373-7238

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #