



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P03000017418 1. Entity Name CR579/I-4 SUBWAY EAST, INC.	
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Principal Place of Business 6010 CR 579 SEFFNER, FL 33584	Mailing Address 212 EAST CASS STREET TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE

	
01152007 No Chg-P CR2E034 (11/05)	
4. FEI Number 51-0446299	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KHAN, KHALID J
212 EAST CASS STREET
TAMPA, FL 33602

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, NANCY C 212 EAST CASS STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, MASOOD K 212 EAST CASS STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, KHALID J 212 EAST CASS STREET TAMPA, FL 33602
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  4/24/07 (813) 985-7899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #