2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 01-31-2005 90062 006 ***150.00 **DOCUMENT # P03000030817** 1. Entity Name SUBS-N-SUCH, INC. Principal Place of Business Mailing Address 4141 W BONANZA DR. 5083 N. ELKCAM BLVD. BEVERLY HILLS, FL 34465 **BEVERLY HILLS, FL 34465** 3. Mailing Address 2. Principal Place of Business 3160 W. Pine Ridge Blud Suite, Apt. #, etc. Suite, Apt. #, etc. 01192005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Beverly 56-2331653 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent THOR, TINA Street Address (P.O. Box Number is Not Acceptable) 4141 W BONANZA DR. BEVERLY HILLS, FL 34465 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Deleta Thor, Donald H. Je Addition TITLE Change Change THOR, DONALD H JR. NAME 3160 W. Pine Ridge BIVOL 5083 N. ELKCAM BLVD. STREET ADORESS STREET ADDRESS CITY-ST-ZIP BEVERLY HILLS, FL 34465 CITY-ST-ZIP Bevery Hills, FL 34465 VSD TITLE ☐ Delete TITLE Thor, Tina J. Addition THOR, TINA J NAME NAME 3160 W. Pine Ridge Blud. STREET ADDRESS 5083 N. ELKCAM BLVD. STREET ADDRESS CITY-ST-ZIP BEVERLY HILLS, FL 34465 City-SI-ZIP Beverly Hills, FL 34465 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 74P Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi). 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

FILED Jan 31, 2005 8:00 am

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