


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000050444, 1. Entity Name SUBS SW FLORIDA FIREHOUSE #1, INC.	
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Principal Place of Business 7070-3 COLLEGE PARKWAY FT. MYERS, FL 33907	Mailing Address 460 GOLFVIEW DR. NAPLES, FL 34110
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03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1186427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent BRYANT, ROBERT C 460 GOLFVIEW DR. NAPLES, FL 34110	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD BRYANT, ROBERT C 460 GOLFVIEW DRIVE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRYANT, SAMUEL P III 8751 WESLEYAN DRIVE, APT. 1811 FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRYANT, LYNNE M 8751 WESLEYAN DRIVE, APT. 1811 FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORGES, JAMES W 1636 FRIAR TUCK ROAD ATLANTA, GA 30309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Robert C Bryant **ROBERT C. BRYANT** 3-15-05 239-566-2144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #