

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000088232

1. Entity Name
407 SANDWICHES CAFE, INC.



Principal Place of Business
1555 SEMORAN BOULEVARD SUITE 1321
WINTER PARK, FL 32792

Mailing Address
1555 SEMORAN BOULEVARD SUITE 1321
WINTER PARK, FL 32792

FILED

05 OCT 14 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
5550 E. MICHIGAN ST.

3. Mailing Address

Suite, Apt. #, etc.
1107

Suite, Apt. #, etc.

City & State
ORLANDO, FL 32822

City & State

Zip
32822

Country
USA

Zip

Country

09282005 Chg-P CR2E034 (10/03)

4. FEI Number
56-2386746

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NECKLES, KEN W
1585 ANN CATHRINE DRIVE
ORLANDO, FL 32828

7. Name and Address of New Registered Agent

Name
HECTOR FRANCO

Street Address (P.O. Box Number is Not Acceptable)
5550 E. MICHIGAN ST. #1107

City
ORLANDO

FL Zip Code
32822

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

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME NECKLES, KEN W
STREET ADDRESS 1585 ANNA CATHERINE DR.
CITY-ST-ZIP ORLANDO, FL 32828

TITLE CO ☒ Delete
NAME NECKLES, CARMEN
STREET ADDRESS 1585 ANNA CATHERINE DR.
CITY-ST-ZIP ORLANDO, FL 32828

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/S/D ☒ Change ☐ Addition
NAME HECTOR FRANCO
STREET ADDRESS 5550 E. MICHIGAN ST. #1107
CITY-ST-ZIP ORLANDO, FL 32822

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400060729424
CITY-ST-ZIP 10/18/05--01086--012 **\$61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(i), 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: HECTOR FRANCO, PRESIDENT 10-08-05 407-242-5195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #