

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/15/2004-90001-001-\$150.00-\$150.00

DOCUMENT # P03000148359

1. Entity Name

SUB & SHAKES, INC.



FILED

04 OCT -5 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEI# 20-0505257



Principal Place of Business

6602 OLD WINTER GARDEN ROAD
ORLANDO FL 32835

Mailing Address

6602 OLD WINTER GARDEN ROAD
ORLANDO FL 32835

2. Principal Place of Business

6602 Old Winter Garden

3. Mailing Address

6602 Old Winter Garden

Suite, Apt. #, etc.

6602

Suite, Apt. #, etc.

6602

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32835

Country

Orange

Zip

32835

Country

Orange

MOORE CR2E034 (4/04)
158-80179757

4. FEI Number

20-0505257

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, RAYMOND
6602 OLD WINTER GARDEN ROAD
ORLANDO FL 32835

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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	RODRIGUEZ, RAYMOND	
STREET ADDRESS	6679 LAKE PEMBROKE PLACE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	V	<input type="checkbox"/> Delete
NAME	FLAQUER, DOMINGA	
STREET ADDRESS	6679 LAKE PEMBROKE PLACE	
CITY-ST-ZIP	ORLANDO FL 32839	
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
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sgt 3004 407-7020