

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000018726

1. Entity Name
EVIE'S SUBS, INC.



Principal Place of Business
**22836 OVERSEAS HWY.
CUDJOE KEY, FL 33042**

Mailing Address
**P O BOX 420427
SUMMERLAND KEY, FL 33042**



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1033391

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**REILLY, EVELYN
22836 OVERSEAS HWY.
CUDJOE KEY, FL 33042**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000543803
05/13/06-80035-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
REILLY, EVELYN
22836 OVERSEAS HWY.
CUDJOE KEY, FL 33042**

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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IN THIS SPACE**

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 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

4-28-06

Date

305-872-32

Daytime Phone #