## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000119024

Entity Name: FULL OF FAITH SANDWICH SHOP, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
	EYRAND AVE VILLE, FL 322							
Current Mailing Address:				New Mailing Address:				
	HT EAGLE D VILLE, FL 322							
FEI Number:	41-2153859	FEI Number Applied For ( )	FEI Number N	Not Applical	ble ( )	Certificate	of Status Desir	ed ( )
Name and	Address of (	Current Registered Agent:	Nan	ne and Ad	ddress of	New Regist	tered Agent:	
	ARRELL L HT EAGLE D VILLE, FL 322							
	named entity of Florida.	submits this statement for the	purpose of cha	nging its r	egistered	office or reg	istered agent	, or both,
SIGNATUF								
	Electro	nic Signature of Registered Ag	ent			Da	ate	
Election Can	npaign Financin	g Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D ( COATS, DARR 2957 BRIGHT JACKSONVILL	EAGLE DR	Title: Name Addre City-	e:	(	) Change ()	Addition	
Title: Name: Address: City-St-Zip:	D ( COATS, GENN 2957 BRIGHT JACKSONVILL	EAGLE DR	Title: Name Addre City-:	e:	(	) Change ()	Addition	
Title: Name: Address: City-St-Zip:	VP ( GETTIS, DAVII 2828 PAIGNTO JACKSONVILL	DN CT. W.	Title: Name Addre City-:	e: G ess: 28	ETTIS, DAV B28 PAIGNT		Addition	
Title: Name: Address: City-St-Zip:	D ( SMITH, BERTH 12836 PINE BU JACKSONVILL	JRR LANE W.	Title: Name Addre City-:	e: SI ess: 12	MITH, BERT 2836 PINE E	X) Change () HA M BURR LANE W. LE, FL 32246		
Title: Name: Address: City-St-Zip:	D ( SMITH, GARY 12836 PINE BU JACKSONVILL	JRR LANE W.	Title: Name Addre City-	e: SI ess: 12	MITH, GARÝ 2836 PINE E	X) Change () ′ R BURR LANE W. LE, FL 32246		
Title: Name: Address: City-St-Zip:	P ( COATS, BREO 2957 BRIGHT JACKSONVILL	EAGLE DRIVE	Title: Name Addre City-:	e:	(	) Change ()	Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENNELL COATS

D 04/30/2009

Electronic Signature of Signing Officer or Director

Date