

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000162886**

1. Entity Name  
SW FLORIDA SUBS #2, INC.



Principal Place of Business

14700 TAMiami TrL N  
UNIT # 10 FIREHOUSE SUBS  
NAPLES, FL 34110

Mailing Address

63 GLASGOW DR  
PINEHURST, NC 28374



04242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

71-0974327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRYANT, ROBERT C  
14700 TAMiami TrL N  
UNIT 10- FIREHOUSE SUBS  
NAPLES, FL 34110

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BRYANT, ROBERT C
STREET ADDRESS	63 GLASGOW DR
CITY-ST-ZIP	PINEHURST, NC 28374
TITLE	DS
NAME	BRYANT, LYNNE M
STREET ADDRESS	9243 FABLE ST
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	DVP
NAME	BRYANT, SAMUEL P III
STREET ADDRESS	9243 FABLE ST
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	DT
NAME	PORGES, JAMES W
STREET ADDRESS	1636 FRIAR TUCK RD
CITY-ST-ZIP	ATLANTA, GA 30309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000926724  
05/20/08-80078-002 150.00

**DO NOT WRITE  
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 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** ROBERT BRYANT PRESIDENT

4/24/08

407299 0084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #