

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000029087

Entity Name: SW FLORIDA SUBS #3, INC.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

460 GOLFVIEW DRIVE
NAPLES, FL 34110

New Principal Place of Business:

14700 TAMiami TRAIL NORTH
UNIT 10- FIREHOUSE SUBS
NAPLES, FL 34110

Current Mailing Address:

460 GOLFVIEW DRIVE
NAPLES, FL 34110

New Mailing Address:

63 GLASGOW DRIVE
PINEHURST, NC 28374

FEI Number: 56-2500736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYANT, ROBERT C.
460 GOLFVIEW DRIVE
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

BRYANT, ROBERT C.
14700 TAMiami TRAIL NORTH
UNIT 10- FIREHOUSE SUBS
NAPLES, FL 34110 US

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.

SIGNATURE:

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: BRYANT, ROBERT C.
Address: 460 GOLFVIEW DRIVE
City-St-Zip: NAPLES, FL 34110

Title: DS () Delete
Name: BRYANT, LYNNE M.
Address: 8751 WESLEY AN DRIVE, APT. 1811
City-St-Zip: FORT MYERS, FL 33919

Title: DVP () Delete
Name: BRYANT, SAMUEL P. III
Address: 8751 WESLEY AN DRIVE, APT. 1811
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: BRYANT, ROBERT C.
Address: 63 GLASGOW DRIVE
City-St-Zip: PINEHURST, NC 28374

Title: DS (X) Change () Addition
Name: BRYANT, LYNNE M.
Address: 9243 FABLE ST
City-St-Zip: ORLANDO, FL 32817

Title: DVP (X) Change () Addition
Name: BRYANT, SAMUEL P. III
Address: 9243 FABLE ST
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT C BRYANT

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date