

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000067703

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: SUBS GROUP, INC.

## Current Principal Place of Business:

PO BOX 7025  
PENSACOLA, FL 32534 US

## New Principal Place of Business:

82 E. NINE MILE RD.  
PENSACOLA, FL 32534 US

## Current Mailing Address:

PO BOX 7025  
PENSACOLA, FL 32534 US

## New Mailing Address:

FEI Number: 20-4926289      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HICKEY, RAYMOND G  
913 GULF BREEZE PARKWAY  
5  
GULF BREEZE, FL 32561 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NOEL, RAYMOND A  
Address: 1512 TEMPLEMORE DRIVE  
City-St-Zip: CANTONMENT, FL 32533 US

Title: D ( ) Delete  
Name: BUSH, RICHARD III  
Address: 4004 BAYWOODS DRIVE  
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete  
Name: MYRICK, MICHAEL  
Address: 8215 RIVIERA CT  
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete  
Name: STEPHENS, ADAMS  
Address: 5602 TURKEY ROAD  
City-St-Zip: PENSACOLA, FL 32526

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: NOEL, RAYMOND A  
Address: 1928 GREENBRIER BLVD  
City-St-Zip: CANTONMENT, FL 32514 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MATHIS, WILLIS  
Address: 2105 OAKSCREEN AVE.  
City-St-Zip: PENSACOLA, FL 32526

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RAYMOND A. NOEL

P

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date