

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000106516

FILED
Mar 08, 2009
Secretary of State

Entity Name: SUB GRUB, INC.

Current Principal Place of Business:

9202 HIGHLAND RIDGE WAY
TAMPA, FL 33647

New Principal Place of Business:

2305 THONOTOSASSA ROAD
PLANT CITY, FL 33566 US

Current Mailing Address:

9202 HIGHLAND RIDGE WAY
TAMPA, FL 33647

New Mailing Address:

9202 HIGHLAND RIDGE WAY
TAMPA, FL 33647 US

FEI Number: 20-5407468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALPER, WILLIAM
9202 HIGHLAND RIDGE WAY
TAMPA, FL 33647 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: PD () Delete
Name: SALPER, WILLIAM
Address: 9202 HIGHLAND RIDGE WAY
City-St-Zip: TAMPA, FL 33647

Title: S () Delete
Name: RACKNER SALPER, MINDY S
Address: 9202 HIGHLAND RIDGE WAY
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MINDY S RACKNER SALPER

S

03/08/2009

Electronic Signature of Signing Officer or Director

_____ Date