

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000117815

1. Entity Name
MICHELLE FAEDO'S SANDWICH SHOP, INCORPORATED



Principal Place of Business

3609 NORTH 15TH STREET
TAMPA, FL 33605-1105 US

Mailing Address

3609 NORTH 15TH STREET
TAMPA, FL 33605-1105 US

FILED

Aug 11, 2008 08:00 AM
Secretary of State



07252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5534298	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAEDO, MICHELLE S
704 WEST EUCLID AVENUE
TAMPA, FL 33602-1220

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FAEDO, MICHELLE S
STREET ADDRESS 704 WEST EUCLID AVENUE
CITY-ST-ZIP TAMPA, FL 336021220

TITLE VPD
NAME FAEDO, ROBERT A.
STREET ADDRESS 704 WEST EUCLID AVENUE
CITY-ST-ZIP TAMPA, FL 336021220

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

U00000957518
08/11/08-80004-014 150.00

**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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-6-08 247-3020