

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000050627

Entity Name: FAMILY TIME SUBS, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

615 LITTLE PINEY ISLAND POINT
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

9475 PHILIPS HIGHWAY
SUITE 1
JACKSONVILLE, FL 32256

Current Mailing Address:

615 LITTLE PINEY ISLAND POINT
FERNANDINA BEACH, FL 32034

New Mailing Address:

9475 PHILIPS HIGHWAY
SUITE 1
JACKSONVILLE, FL 32256

FEI Number: 26-2684709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTEGA BUSINESS SERVICES, LLC
554 LOMAX STREET
JACKSONVILLE, FL 32204 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: MARTINEZ, HARVEY A PRES
Address: 488 SPARROW BRANCH CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP () Change (X) Addition
Name: DUPREE, JOSEPH H VP
Address: 664 SOUTH FLETCHER AVENUE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TREA () Change (X) Addition
Name: MARTINEZ, DHARMA TREA
Address: 488 SPARROW BRANCH CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259

Title: SEC. () Change (X) Addition
Name: DUPREE, XENIA SEC.
Address: 664 SOUTH FLETCHER AVENUE
City-St-Zip: FERNANDINA BEACH, FL 32034

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: HARVEY A. MARTINEZ

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date