

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 A
Secretary of State

DOCUMENT # P94000018368

1. Entity Name
NORTHSIDE SUBWAY, INC.



Principal Place of Business
**1030 UNIVERSITY BLVD. NO.
JACKSONVILLE, FL 32211 US**

Mailing Address
**1030 UNIVERSITY BLVD. NO.
JACKSONVILLE, FL 32211 US**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3282111	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

**FRANCO, PHILIP H
1030 UNIVERSITY BLVD. NO.
JACKSONVILLE, FL 32211**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! - FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing. ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRANCO, PHILIP H 1030 UNIVERSITY BLVD. N. JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ADAMS, WALTER 2522 FARRIER LANE RESTON, VA 22091
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FRANCO, FRED 6939 RIVERSEDGE ST CIRCLE BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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**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: *Philip H. Franco* **Philip H. Franco** 19-07 904-743-8684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #