## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 24, 2004 8:00 am Secretary of State

| DOCUMENT # P97000056658  1. Entity Name SUBWAY 19651, INC. 324  107  108  108  108  108  108  108  108  | 05-24-2004 90001 015 ***150.00   |
|---|--|
| Principal Place of Business, 200 August 1299 POINT EAST CIRCLE 1299 POINT EAST CIRCLE 1299 POINT EAST CIRCLE 6ULF BREEZE, FL 32563 GULF BREEZE, FL 32563  | 54055253.  |
| 01192004 No Chg-P CR2E034 (10/03)   |  |
| DO NOT WRITE IN THIS SPA  | 4. FEI Number Applied For 59-3459004 Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required   |
| 6. Name and Address of Current Registered Agent YATES, GREGORY H 1299 POINT EAST CIRCLE GULF BREEZE, FL 32563   | DO NOT WRITE IN THIS SPACE   |
| the obligations of registered agent.  SIGNATURE   | red office or registered agent, or both, in the State of Florida. It am familiar with, and accept ad Agent signature required when reinstating)  DATE  CATE  Added to Fees |
| 10. OFFICERS AND DIRECTORS  |  |
| NAME (*) (*) YATES, GREGORY H STREET ADDRESS 1299 POINT EAST CIRCLE CITY-ST-ZIP GULF BREEZE, FL 32563   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DONOTWRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | IN THIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  |  |
| 12. I hereby certify that the information supplied with this liling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is trueland 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: |  |
| SIGNATURE AND TYPEU ORPHINDED NAME OF SIGNING OFFICER OR DIREC  | TOR Date Daytine Prone #   |