2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000028633

SUBWAY BRITTANNICA II. INC.



FILED May 01, 2007 08:00 AM Secretary of State

Principal Place of Business

SUBWAY

8102 N. DEVIS HWY PENSACOLA, FL 32503 Mailing Address

PO BOX 607 MILTON, FL 32752



DO NOT WRITE IN THIS SPACE

04302007 No Cha-P CR2E034 (11/05) Applied For 4. FE! Number

\$8.75 Additional 5. Certificate of Status Desired

62-1733474

Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

LEEDS, JEFFREY L **PO BOX 607** MILTON, FL 32572

DO NOT WRITE IN THIS SDACE

				IN THIS SPACE				
	named entity submits this statement for the pions of registered agent.	surpose of changing its regis	stered office	or re	gistered agent, or bot	th, in the State of Florida. I am familiar with, and acce	pt	
SIGNATURE_								
	Signature, typod or printed name of registered agent and title r	f applicable. (NOTE: Regi	istered Agent signi	uture i	equired when reinstating)	DATE		
FiL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2007 Pee will be \$550.00	Election Campaign F Trust Fund Contributi]	\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS							_	
TITLE Name Street address City-St-Zip	P LEEDS, JEFFREY L PO BOX 607 MILTON, FL 32572							
TITLE Name Street Address City-St-Zip	S LEEDS, HOLLY A PO BOX 607 MILTON, FL 32572							
TITLE NAME	Control of the contro							

DO NOT WRITE IN THIS SPACE

U00000753105 05/22/07-80009-001 150.00

12. I hereby certify that the information supplied with this filling 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 empower

0				~-	
	1 - N	ΙДΙ		RE:	
•		_	•	`-	

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY - ST- ZIP TITLE

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

232 *- 6019*