

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90282 039 ***150.00

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1. Entity Name

GLENN'S SANDWICHES, INC.



Principal Place of Business

419 E. DONEGAN AVENUE
KISSIMMEE FL 32821

Mailing Address

P.O. BOX 421136
KISSIMMEE FL 34742



2. Principal Place of Business

419 E DONEGAN
Suite, Apt. #, etc.

3. Mailing Address

419 E. DONEGAN
Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

4. FEI Number

59-3546105

Applied For

Not Applicable

Zip

32821

Country

OSCEOLA

Zip

32821

Country

OSCEOLA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

TURNER, THOMAS E
419 E. DONEGAN
KISSIMMEE FL 34742

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME TURNER, THOMAS E
STREET ADDRESS 10185 MASON DIXON CIRCLE
CITY-ST-ZIP ORLANDO FL 32821

TITLE VS ☐ Delete
NAME TURNER, DONNA J
STREET ADDRESS 10185 MASON DIXON CIRCLE
CITY-ST-ZIP ORLANDO FL 32821

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2-10-06

Date

407-847-8900

Daytime Phone #