



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90083 034 ***150.00

DOCUMENT # P98000081711					
1. Entity Name GLENN'S SANDWICHES, INC.					
Principal Place of Business 419 E. DONEGAN KISSIMMEE, FL 32821			Mailing Address 419 E. DONEGAN KISSIMMEE, FL 32821		
2. Principal Place of Business - No P.O. Box # 419 E. DONEGAN AVE.		3. Mailing Address P.O. BOX 421136			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142007 Chg-P CR2E034 (12/06)	
City & State KISSIMMEE, FL		City & State KISSIMMEE, FL		4. FEI Number 59-3546105	
Zip 34744-1857		Country USA		Applied For Not Applicable	
Zip 34742-1136		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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) 419 E. DONEGAN AVE. City KISSIMMEE FL Zip Code 34744-1857		
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 <u>Tom Turner</u> <u>1-18-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT NAME TURNER, THOMAS E STREET ADDRESS 10185 MASON DIXON CIRCLE CITY-ST-ZIP ORLANDO, FL 32821	<input type="checkbox"/> Delete		TITLE NAME 10181 MASON DIXON CIRCLE STREET ADDRESS ORLANDO, FL 32821-8126 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME TURNER, DONNA J STREET ADDRESS 10185 MASON DIXON CIRCLE CITY-ST-ZIP ORLANDO, FL 32821	<input type="checkbox"/> Delete		TITLE NAME 10181 MASON DIXON CIRCLE STREET ADDRESS ORLANDO, FL 32821-8126 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Tom Turner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1-18-07</u> <u>407-847-8900</u> <small>Date Daytime Phone #</small>		