

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005209

FILED  
Mar 28, 2008  
Secretary of State

Entity Name: FRANCHISE PROPERTY SERVICES, INC.

**Current Principal Place of Business:**

8919 WEST 21ST STREET  
SUITE 200-272  
WICHITA, KS 67205

**New Principal Place of Business:**

**Current Mailing Address:**

8919 WEST 21ST STREET  
SUITE 200-272  
WICHITA, KS 67205

**New Mailing Address:**

FEI Number: 48-1240630      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.  
5647 110TH AVE. NORTH  
ROYAL PALM BEACH, FL 334110000 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CVCD ( ) Delete  
Name: STOVER, STANLEY  
Address: 2210 S. EDWARDS  
City-St-Zip: WICHITA, KS 67213

Title: DS ( ) Delete  
Name: STOVER, BARBARA  
Address: 2210 S. EDWARDS  
City-St-Zip: WICHITA, KS 67213

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA STOVER

DS

03/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date