


07-07-2005 90004 008 \*\*\*150.00  
H05837

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

05 OCT 10 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| <b>DOCUMENT # H05837</b><br>1. Entity Name<br>FRANBIZ FL357, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>2502 ROCKYPOINT DRIVE<br>SUITE 660<br>TAMPA, FL 33607 US | Mailing Address<br>2502 ROCKYPOINT DR.<br>SUITE 660<br>TAMPA, FL 33607 US |
|---|---|

20061081



06062005 No Chg-P CR2E034 (10/03)

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|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>59-2445448                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>COHRS, DENIS A<br>2575 ULMERTON ROAD, STE 210<br>CLEARWATER, FL 33762 |
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IN THIS SPACE**

6. 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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GORDON, KENNETH A.<br>2502 ROCKY PT DRIVE STE 660<br>TAMPA, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>GORDON, JANE M<br>2502 ROCKY PT DRIVE, STE 660<br>TAMPA, FL    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 like empowered.

SIGNATURE: *Kenneth A. Gordon* *Jane M. Gordon* 6/7/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #