


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000141592**

1. Entity Name  
**FRANKLIN PROPERTIES MAINTENANCE, & MANAGEMENT, INC.**



Principal Place of Business 11641 BUCKHEAD TRAIL BRYCEVILLE, FL 32009	Mailing Address 11641 BUCKHEAD TRAIL BRYCEVILLE, FL 32009
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01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 80-0084382	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN, WANDA L  
 11641 BUCKHEAD TRAIL  
 BRYCEVILLE, FL 32009

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRANKLIN, MAX G JR 11641 BUCKHEAD TRAIL BRYCEVILLE, FL 32009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FRANKLIN, WANDA L 11641 BUCKHEAD TRAIL BRYCEVILLE, FL 32009
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1100000189239  
 01/24/05-80085-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Wanda L. Franklin* **1-15-05** **904-777-4526**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #