


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000141592

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



Principal Place of Business Mailing Address

11641 BUCKHEAD TRAIL **11641 BUCKHEAD TRAIL**
BRYCEVILLE, FL 32009 **BRYCEVILLE, FL 32009**

DO NOT WRITE IN THIS SPACE



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
80-0084382 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FRANKLIN, WANDA L
11641 BUCKHEAD TRAIL
BRYCEVILLE, FL 32009

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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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRANKLIN, MAX G JR
STREET ADDRESS	11641 BUCKHEAD TRAIL
CITY-ST-ZIP	BRYCEVILLE, FL 32009
TITLE	V
NAME	FRANKLIN, WANDA L
STREET ADDRESS	11641 BUCKHEAD TRAIL
CITY-ST-ZIP	BRYCEVILLE, FL 32009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Wanda L. Franklin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____