


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 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



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0084382	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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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01/29/08-80043-002 150.00

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* **1-18-08** **904-777-4526**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #