

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014322

FILED
Mar 13, 2005
Secretary of State

Entity Name: FRANKLYN LEARNING CENTER, INC.

Current Principal Place of Business:

535 STATE ROAD 100
PALATKA, FL 32177

New Principal Place of Business:

4387 RIPKEN CIRCLE WEST
JACKSONVILLE, FL 32224

Current Mailing Address:

535 STATE ROAD 100
PALATKA, FL 32177

New Mailing Address:

4387 RIPKEN CIRCLE WEST
JACKSONVILLE, FL 32224

FEI Number: 20-0674881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLINT, JOSIAH P JR.
4387 RIPKEN CIRCLE W
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

FLINT, JOSIAH P JR.
535 STATE RD 100
PALATKA, FL 32177 US

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:

03/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLINT, JOSIAH P JR.
Address: 535 STATE ROAD 100
City-St-Zip: PALATKA, FL 32177

Title: VD () Delete
Name: JACOB, MATTHEW W
Address: 535 STATE ROAD 100
City-St-Zip: PALATKA, FL 32177

Title: SD () Delete
Name: JACOB, CAROLYN M
Address: 535 STATE ROAD 100
City-St-Zip: PALATKA, FL 32177

Title: TD () Delete
Name: FLINT, BONNIE P
Address: 535 STATE ROAD 100
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: JACOB, MATTHEW W
Address: 4387 RIPKEN CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD (X) Change () Addition
Name: JACOB, CAROLYN M
Address: 4387 RIPKEN CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32224

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROLYN M. JACOB, CEO, SD

SD

03/13/2005

Electronic Signature of Signing Officer or Director

Date