


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

5 **FILED**  
**Jun 21, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90238 002 \*\*\*150.00

**DOCUMENT # P05000062193**

1. Entity Name  
**FRANCHISE SYSTEM INC.**



Principal Place of Business      Mailing Address  
**1500 UNIVERSITY BLVD. WEST**      **1500 UNIVERSITY BLVD. WEST**  
**JACKSONVILLE, FL 32217 US**      **JACKSONVILLE, FL 32217 US**

**66020113**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

03312006    Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**20-2780492**      Not Applicable

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

6. Name and Address of Current Registered Agent

**HILL, DEBRA S**  
**8810 GOODBY'S EXECUTIVE DR**  
**C**  
**JACKSONVILLE, FL 32217**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 reissuing)      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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACIFICO, FRANK	NAME	
STREET ADDRESS	5475 SPRING RIDGE CT.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	CITY-ST-ZIP	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACIFICO, BETTY	NAME	
STREET ADDRESS	5475 SPRING RIDGE CT.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Betty Pacifico      Date: 4/27/06      Daytime Phone #: 730-3322