


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90050 014 ***150.00

DOCUMENT # P99000093176

1. Entity Name
FRANKLIN COURT, INC.



Principal Place of Business Mailing Address
1801 HERMITAGE BLVD.,STE.600 **1801 HERMITAGE BLVD.,STE.600**
TALLAHASSEE, FL 32308 **TALLAHASSEE, FL 32308**

94035937

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country



02132004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3601334 Not Applicable

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

6. Name and Address of Current Registered Agent

TODD, DAVID E
1801 HERMITAGE BLVD.,STE.100
TALLAHASSEE, FL 32308

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DVAS	<input type="checkbox"/> Delete
NAME	SMITH, JEFFREY L	
STREET ADDRESS	1801 HERMITAGE BLVD.,STE.600	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD.,STE.600	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DECOSTA, LALER	
STREET ADDRESS	3424 PEACHTREE ROAD NE #600	
CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCKEAN, THOMAS	
STREET ADDRESS	3424 PEACHTREE ROAD NE #800	
CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	TRIVERS, LISA K	
STREET ADDRESS	3424 PEACHTREE ROAD NE #800	
CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARRIOR, DEXTER B.	
STREET ADDRESS	3424 PEACHTREE ROAD., NE, STE. 800	
CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LATHEN, LORI Q.	
STREET ADDRESS	3424 PEACHTREE ROAD, NE, STE. 800	
CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWMARK, DEBBIE J.	
STREET ADDRESS	3424 PEACHTREE ROAD, NE, STE. 800	
CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE	DVAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, LYNNE M.	
STREET ADDRESS	1801 HERMITAGE BLVD., STE. 600	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Debbie J. Newmark* **Debbie J. Newmark** **02/17/04** **404-846-1300**

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