2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2005 08:00 AM Secretary of State DOCUMENT # S58357 1. Entity Name FRANZ ENTERPRISES, INC. Principal Place of Business Mailing Address 1096 S CHATEAU POINT 1096 S CHATEAU PT INVERNESS, FL 34450 US INVERNESS, FL 34450 US 01122005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 59-3069795 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FRANZ, ROBERT DO NOT WRITE 1096 S CHATEAU POINT INVERNESS, FL 34450 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 lamiliar with, and accept the obligations of registered agent Signature typed or printed name of registered agent and little if apolicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE FRANZ, ROBERT NAME STREET ADDRESS 1096 S. CHATEAU POINT CITY - ST - ZIP INVERNESS, FL U00000305138 | 04/14/05~80073~007 150.00 **41111** NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 eath, that I am an officer or director of the corporation or the receiveryor trustee of powered 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 authorist, with all original like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

FILED