


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90069 033 ***150.00

DOCUMENT # S59812

1. Entity Name
FRANKLIN PRINCE, ESQUIRE, P.A.



Principal Place of Business Mailing Address

515 N FLAGLER DR **515 N FLAGLER DR**
SUITE 1704 **SUITE 1704**
WEST PALM BEACH, FL 33401 US **WEST PALM BEACH, FL 33401 US**



2. Principal Place of Business 3. Mailing Address

#306
100 S. Dixie HWY #306 **100 South Dixie HWY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
WPB FL **#306**

City & State City & State

West Palm Beach FL

Zip Country Zip Country

33401 **USA** **33401** **USA**

04122005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0268562 Not Applicable

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

6. Name and Address of Current Registered Agent

PRINCE, FRANKLIN
515 NORTH FLAGLER DR
STE 1704
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name

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

100 South Dixie HWY #306

City State Zip Code

West Palm Beach FL 33401

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: **4/13/05**

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, 2005 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	<input type="checkbox"/> Delete
	PRINCE, FRANKLIN	515 N. FLAGLER DR, STE 1704	WEST PALM BEACH, FL 33401	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Franklin Prince	100 South Dixie HWY #306	WPB FL 33401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE: **4/13/05** DAYTIME PHONE #: **561 820 1577**

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