2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2005 08:00 AM Secretary of State

DOCUMENT # F13076 1. Entity Name B.W. FRANCIS, INC. Principal Place of Business 311 WEST VENICE AVE. C/O FRED H. FRANCIS VENICE, FL 34285		Mailing Address 311 WEST VENICE AVE. C/O FRED H. FRANCIS VENICE, FL 34285		Secretary of State	
DO NOT WRITE IN THIS SPACE 8. Name and Address of Current Registered Agent				01072005 No Chg-P CR2E034 (10/03) 4. FEI Number	
FRANCIS, FRED H. 311 WEST VENICE AVE. VENICE, FL 34285			DO NOT WRITE 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 familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and fille if applicable. (NOTE, Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE, Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 100000203665 1/29/05-80040-005 150.00					
		<u>.</u>	<u> </u>		01/29/05-80040-005 150.00
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANCIS, FRED H. 311 W. VENICE AVE. VENICE, FL	IRECTORS			
NAME STREET ADDRESS CITY-ST-ZIP				 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby indicated of the corchanged	certify that the information supplied with t I on this report or supplemental report is to poration or the receiver or trustee empoy , or on an attachment with an address, w	his filing does not qualify for the exe rue and accurate and that my signa vered to execute this report as requi th all other like empowered.	mption stated in Se ture shall have the red by Chapter 60	ection 119.07(3)(same legal effec 7, Florida Statute	(i), Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or director as; and that my name appears in Block 10 or Block 11 if