2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F9300000903 1. Entity Name FRANKLIN & WELKER, INC.							Jan 24, 2005 08:00 AM Secretary of State				
Principal Place of Business 1240 NE 82ND STREET MIAMI FL 33138			1255 PME	Mailing Address 12555 BISCAYNE BLVD. PMB 440 N. MIAMI FL 33181							[21 12
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc				Suite, Apt. #, etc City & State			1st MOORE CR2E034 (10/04)				
City & State						4. FEI Number 36-3220105 Applied For Not Applicable					
Zip Country			Zip Cou		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
· · · · · · · · · · · · · · · · · · ·	6. Name	and Address of Co	urrent Register	ed Agent		Name		d Address of New R	egistered Agen	(
FRANKLIN, LEONARD G						Street Address (P O. Box Number is Not Acceptable)					
12555 BISCAYNE BLVD PMB #440											
N. MIAMI FL 33181					City	Zip Code					
			nent for the pur	oose of changing its	s register	ed office or registe	ered agent, or b	oth, in the State of Flo	·	ar with,	and accept
the obligations of registered agent.											
SIGNATURE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								9. Election Campa Trust Fund Con			00 May Be d to Fees
10.	T	OFFICERS	AND DIRECTO		11.		ADDITIONS	/CHANGES TO OFF			
NAME STREET ADDRESS CITY-ST-ZIP	I	=		□ Delete		1		U0000019 01/25/05-80	33141	change .50.0	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCS FRANKLIN, PEGGY W 1240 NE 82ND ST. MIAMI FL 33138			☐ Delete			☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANKLIN 1240 NE 82 MIAMI FL 3			□ Delete		I				Change	Addition
THEE NAME STREET ADDRESS CHY-ST-ZIP				☐ Delete					c	change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delele .					c	hange	Addition
THE NAME STREET ADDRESS CHY-ST-JIP			<u></u>	☐ Delete					· .	hange	☐ Addition
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: Signature 1. Sign											
SIGNATURE: Leonard G. Januard G.											23.1 9

FILED