

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000410

Entity Name: FRANCORP #2, INC.

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

PO DRAWER 7238
ODESSA, TX 797607238

New Principal Place of Business:

Current Mailing Address:

PO DRAWER 7238
ODESSA, TX 797607238

New Mailing Address:

FEI Number: 75-2659381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE. 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: GOLDEN, JIM
Address: 312 E 2ND ST
City-St-Zip: ODESSA, TX 79761

Title: DCP () Delete
Name: BYROM, DALE
Address: 312 E 2ND ST
City-St-Zip: ODESSA, TX 79761

Title: DST () Delete
Name: GOLDEN, MILLIE
Address: 312 E 2ND ST
City-St-Zip: ODESSA, TX 79761

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: BARNES, JUDY
Address: 312 E 2ND ST
City-St-Zip: ODESSA, TX 79761

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILLIE GOLDEN

DST

01/04/2007

Electronic Signature of Signing Officer or Director

Date