


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # G59539
1. Entity Name
FRANCISE MANAGEMENT SERVICES, INC.



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| Principal Place of Business 104 N. EVERS STREET SUITE 202 PLANT CITY, FL 33563 US | Mailing Address 104 N. EVERS STREET SUITE 202 PLANT CITY, FL 33563 US |
|--|--|



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 59-2325789 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

FRANCISE, NAHEEM M II
104 N. EVERS STREET
SUITE202
PLANT CITY, FL 33563

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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 | PVP FRANCISE, NAHEEM 104 N. EVERS STREET SUITE 202 PLANT CITY, FL 33563 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST FRANCISE, NAHEEM 104 N. EVERS STREET, SUITE 202 PLANT CITY, FL 33563 |
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UD0000387973
01/19/06-80060-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Naheem M. Francis 1/16/06 813-752-4197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #