

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # G60777 1. Entity Name FRANCHISE SALES, INC.	
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Principal Place of Business 625-G HERNDON AVENUE ORLANDO FL 32803	Mailing Address 625-G HERNDON AVENUE ORLANDO FL 32803
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number 59-2334189 Applied For <input type="checkbox"/> Not Applied
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5. Name and Address of Current Registered Agent GEHRING, DOUGLAS F 625 HERNDON AVE SUITE G ORLANDO FL 32803	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May F Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	GEHRING, BARBARA R	NAME	
STREET ADDRESS	625 HERNDON AVE, SUITE G	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	MP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	GEHRING, DOUGLAS F	NAME	
STREET ADDRESS	625 HERNDON AVENUE, STE G	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Douglas Gehring</i>	Date: 3/14/06 407 894-444
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1st MOORE CR2E034 (10/05)

Applied For
 Not Applied

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

City **FL** Zip Code

1100000473324
03/31/06 80012-014 150.00