


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # G80418 1. Entity Name TEMPLETON FUNDS ANNUITY COMPANY	
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Principal Place of Business 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716 US	Mailing Address P O BOX 33030 ST. PETERSBURG, FL 33733 US
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2378916	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 SMITH, ROBERT W III 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000073162 03/02/04-80024-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SKIDMORE, KAREN L 920 PARK PLACE SAN MATEO, CA 94403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NUZZO, VICKIE S 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, THOMAS A 4678 DOLPHIN CAY LANE SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC CAMPBELL, GORDON W 2000 BAYVIEW DRIVE TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADCOCK, LOUIE N JR 100 2ND AVENUE SOUTH ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, KENNETH A 920 PARK PLACE SAN MATEO, CA 94403

**DO NOT WRITE
IN THIS SPACE**

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: Vickie Nuzzo Vickie Nuzzo 1/22/04 (122)2997625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #