


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 A
Secretary of State

DOCUMENT # H05837
 1. Entity Name
FRANBIZ FL357, INC.



Principal Place of Business 2502 ROCKYPOINT DRIVE SUITE 660. TAMPA, FL 33607 US	Mailing Address 2502 ROCKYPOINT DR. SUITE 660 TAMPA, FL 33607 US
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03052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2445448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

0. Name and Address of Current Registered Agent

**COHRS, DENIS A
 2575 ULMERTON ROAD, STE 210
 CLEARWATER, FL 33762**

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 reinstating)
 DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 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	PD GORDON, KENNETH A. 2502 ROCKY PT DRIVE STE 660 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GORDON, JANE M 2502 ROCKY PT DRIVE, STE 660 TAMPA, FL
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 03/30/07-80097-021 150.00

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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: *Jane M. Gordon* **Jane M. Gordon** **3/17/07** **813-282-1115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #