## 2006 FOR PROFIT CORPORATION

SIGNATURE:

## Apr 10, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # H47817 04-10-2006 90285 026 \*\*\*150.00 FRANKLIN DEVELOPMENT CORPORATION Principal Place of Business Mailing Address DUULUULU 3604 GRAND MAGNOLIA PL. P 0 BOX 1558 VALRICO, FL 33594 US VALRICO, FL 33595 2. Principal Place of Business 3. Mailing Address 912 Lithia Pineerest R Suite, Apt. #, etc. Suite. Apt. #, etc. 03232006 Cha-P CR2E034 (11/05) City & State City & State 4. FFI Number Applied For Brandon 59-2522336 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANKLIN, KENNETH WEST JR. Street Address (P.O. Box Number is Not Acceptable) 3604 GRAND MAGNOLIA PL. VALRICO, FL 33594 912 Lithia Pinecrest 8. The above named entity sabmits this state e purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar the obligations at registered ac-3-27-06 (NOTE: Registered Agent suggesters regulated when rejectation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE ☐ Delete TITLE ☐ Change ☐ Addition FRANKLIN, KENNETH W JR NAME NAME STREET ADDRESS 3604 GRAND MAGNOLIA PL STREET ADDRESS VALRICO, FL 33594 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition FRANKLIN, KENNETH W. JR. NAME NAME STREET ADDRESS 3604 GRAND MAGNOLIA PL STREET ADDRESS VALRICO, FL 33594 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing portal quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information year lift quality for the exemptions contained in original F19, Florida Statutes. Floring Certify that if an an officer or director sould this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if like empowered. indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with all of

**FILED** 

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