

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90083 037 \*\*\*150.00

DOCUMENT # H62131

1. Entity Name

FRANKLIN EQUITIES CORPORATION



Principal Place of Business

~~3250 S. OCEAN BLVD.~~  
~~SUITE 205~~  
~~PALM BEACH FL 33480~~  
~~FL~~

Mailing Address

P O BOX 871  
PALM BEACH FL 33480  
US

66419601



MOORE CR2E034 (11/03)

2. Principal Place of Business

400 NO. FLAGLER DR.  
SUITE, APT. #, ETC. 1803

3. Mailing Address

P O BOX 871  
PALM BEACH

City & State

W.P.B. - FL

City & State

FL 33480

4. FEI Number

59-2551889

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROMLEY, RICHARD S  
~~3250 S. OCEAN BLVD.~~ 400 NO. FLAGLER DR.  
~~PALM BEACH FL 33480~~ #1803  
W.P.B., FL. 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete

NAME BROMLEY, RICHARD  
STREET ADDRESS ~~3250 S. OCEAN BLVD.~~  
CITY-ST-ZIP ~~PALM BEACH FL 33480~~

TITLE P ☐ Delete

NAME BROMLEY, MICHAEL  
STREET ADDRESS ~~3250 S. OCEAN BLVD.~~  
CITY-ST-ZIP ~~PALM BEACH FL 33480~~

TITLE D ☐ Delete

NAME BROMLEY, GABRIELLE  
STREET ADDRESS ~~3250 S. OCEAN BLVD.~~  
CITY-ST-ZIP ~~PALM BEACH FL 33480~~

TITLE VP ☐ Delete

NAME BROMLEY, STEPHENE  
STREET ADDRESS ~~3250 S. OCEAN BLVD.~~  
CITY-ST-ZIP ~~PALM BEACH FL 33480~~

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 400 NO. FLAGLER DR.  
CITY-ST-ZIP #1803 W.P.B. FL 33401

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS SAME AS ABOVE  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME CHANGE INITIAL TO:  
R - address  
CITY-ST-ZIP as above

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/04 561-659-4802