Apr 24 08 08:33a Hamilton-Masters, Inc.

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90013 044 ***150.00

DOCUMENT # H87961

1. Entity Name
FRANCHI ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% SUSAN FRANCHI 402 B SEABREEZE BLVD DAYTONA BEACH, FL 32118	% SUSAN FRANCHI 402 B SEABREEZE BLVD DAYTONA BEACH, FL 32118

04242008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
221 Seabreeze Blvd.	221 Seabreeze Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach, Fl.	City & State: Daytona Beach, Fl.
Zip: 32118 Country: U.S.A.	Zip: 32118 Country: U.S.A.

4. FEI Number: 59-2618767 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCHI, SUSAN
402 B SEABREEZE BLVD
DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent

Name: Susan Franchi
Street Address (P.O. Box Number is Not Acceptable): 221 Seabreeze Blvd.
City: Daytona Beach FL Zip Code: 32118

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FRANCHI, DONALD 145 WIMBLEDON CT. PORT ORANGE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRANCHI, SUSAN 145 WIMBLEDON CT. PORT ORANGE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Susan Franchi 04/24/08 386-252-0516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #