## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 08, 2007 8:00 am Secretary of State DOCUMENT # J93890 01-08-2007 90241 015 \*\*\*150.00 1. Entity Name FRANCISCO, INC. Principal Place of Business Mailing Address ON YOUR TOES **40100010** ON YOUR TOES 11401 N. 56TH ST, S-7 11401 N. 56TH ST, S-7 TEMPLE TERRACE, FL 33617-2236 TEMPLE TERRACE, FL 33617-2236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11301 N 56 11301 N Suite, Apt. #, etc Suite, Apt. #, etc. 01032007 CR2E034 (12/06) Ste -City & State Gitv & State Applied For 4. FEI Number ware 59-2851852 Not Applicable Country Zin \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SYDNEY C SCHWARTZ e Address (P.O. Box Number is Not Acceptable) 11401 N 56TH ST SUITE 7 TEMPLE TERRACE, FL 33617 Temple Perrare 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 Fiorida. Lam familiar with, and accept SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$ FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DST Change TITLE ☐ Delete ☐ Addition TITLE Schwartz, Syllisa North SCHWARTZ, SYDNEY NAME STREET ADDRESS 11401 N 56TH ST #7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Icaple Terroce TEMPLE TERRACE, FL VΩ TITLE ☐ Delete TITLE Œ Change Addition FRANCISCO, RITA Tranciseo. NAME NAME STREET ADDRESS 11401 N 56TH ST #7 STREET ADDRESS CITY-ST-7IP TEMPLE TERRACE, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

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