

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K61934

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: FRANKLIN CENTER WEST, INC.

**Current Principal Place of Business:**

16903 LAKESIDE DRIVE, SUITE 7  
MONTVERDE, FL 347560007 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 560007  
MONTVERDE, FL 347560007 US

**New Mailing Address:**

FEI Number: 65-0099918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRANKLIN, GEE GEE  
12637 KATHERINE CIR.  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: FRANKLIN, GEEGEE,  
Address: 12637 KATHERINE CIR.  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEE GEE FRANKLIN

PST

04/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date