## 2004 FOR PROFIT CORPORATION

TITLE HALLE STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST- 7IP

## **FILED ANNUAL REPORT** May 03, 2004 08:00 AN DOCUMENT # L75919 **Secretary of State** FRANKLIN CLEANING, INC. Mailing Address Principal Place of Business % JOHN F. CORNELIUS % JOHN F. CORNELIUS 631 BROAD COURT NORTH 631 BROAD COURT NORTH NAPLES, FL 34102 US NAPLES, FL 34102 US 04282004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0259514 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORNELIUS, JOHN F. DO NOT WRITE 631 BROAD COURT NORTH IN THIS SPACE NAPLES, FL 34102 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. DATE Signature typed or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE PD NAME CORNELIUS, JOHN F. STREET ADDRESS 631 BROAD COURT NORTH U00000153884 05/04/04-80144-003 158.75 NAPLES, FL 34102 CITY-ST-ZIP IIILE VST CORNELIUS, LORI A. KAME STREET ADDRESS **631 BROAD COURT NORTH** CITY-ST-ZIP NAPLES, FL 34102 TITLE CORNELIUS, LORI A. NAME 631 BROAD COURT NORTH STREET ADDRESS DO NOT WRITE CITY-ST ZIP NAPLES, FL 34102 IN THIS SPACE IIILE 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:	Loui a.	Cornelina	, Lori A. Cor.	nelius	V.P.	4-28-2004	(239)434-8512
	SIGNATURE AND T	TYPED OR PRINTED NAME OF S	GNING OFFICER OR DIRECTOR			Date	Daylune Phone #
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