2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Loui a. Cornelius,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 02, 2005 8:00 am Secretary of State DOCUMENT #L75919 05-02-2005 90987 050 ***158.75 1. Entity Name FRANKLIN CLEANING, INC. Principal Place of Business Mailing Address 14015401 % JOHN F. CORNELIUS % JOHN F. CORNELIUS 631 BROAD COURT NORTH 631 BROAD COURT NORTH NAPLES, FL 34102 NAPLES, FL 34102 2. Principal Place of Business 3. Mailing Address 2681 Airpurt Rd. S. 2681 Airport Road S. Suite, Apt. #, etc. Suite C104 Suite, Apt. #, etc. CR2E034 (10/03) 04292005 Chg-P Svite C104 Suite City & State Naples 4. FEI Number Applied For City & State FL ples 65-0259514 Not Applicable Na Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORNELIUS, JOHN F. Street Address (P.O. Box Number is Not Acceptable) 631 BROAD COURT NORTH NAPLES, FL 34102 City Zip Code FI 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD ☐ Change ☐ Addition TITLE ☐ Delete NAME CORNELIUS, JOHN F. NAME 631 BROAD COURT NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP VST ☐ Defete ☐ Change ☐ Addition TITLE CORNELIUS, LORI A. NAME NAME STREET ADDRESS STREET ADDRESS 631 BROAD COURT NORTH CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP Ð ☐ Delete ☐ Change ☐ Addition TITLE CORNELIUS, LORI A. NAME NAME 631 BROAD COURT NORTH STREET ADDRESS SURFET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34102 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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