2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State
03-07-2005 90272 036 ***150.00

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1. Entity Name
FRANZESE & ASSOCIATES OF ORLANDO, INC.

Principal Place of Business	Mailing Address
1150 S. SEMORAN BLVD SUITE A ORLANDO, FL 32807 US	P O BOX 720579 ORLANDO, FL 32872-0579 US

03022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2652031 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOJCHICK, EDWARD J 1150 S SEMORAN BLVD SUITE A ORLANDO, FL 32807	Name: RANDELL C. CHAFFIN Street Address (P.O. Box Number is Not Acceptable): 1150 S. SEMORAN BLVD. SUITE A City: ORLANDO FL Zip Code: 32807

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: RANDELL C. CHAFFIN 03/03/2005
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, 2005 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	P WOJCHICK, EDWARD 1150 S SEMORAN BLVD SUITE A ORLANDO, FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RANDELL C. CHAFFIN 1150 S. SEMORAN BLVD., SUITE A ORLANDO, FL 32807	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WOJCHICK, MARK 1150 S SEMORAN BLVD SUITE A ORLANDO, FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP EDWARD WOJCHICK 1150 S. SEMORAN BLVD., SUITE A ORLANDO, FL 32807	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHANNON, PATRICIA 1150 S SEMORAN BLVD SUTIEA ORLANDO, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHAWN CHAFFIN 1150 S. SEMORAN BLVD., SUITE A ORLANDO, FL 32807	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WOJCHICK, SHERRILL 1150 S. SEMORAN BLVD., STE A ORLANDO, FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SUZANNE CHAFFIN 1150 S. SEMORAN BLVD., SUITE A ORLANDO, FL 32807	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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 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.

1-5-05

SIGNATURE: Randell C. Chaffin 3-3-05 774-9977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RANDELL C. CHAFFIN