


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90020 044 ***150.00

DOCUMENT # M51812 1. Entity Name FRANKLIN & FRANKLIN, INC.					
Principal Place of Business 10420 SW 77TH AVENUE MIAMI, FL 33156 US			Mailing Address 13568 SW 108ST C.N. MIAMI, FL 33186 US		
2. Principal Place of Business 1113 Sherbourne Way Suite, Apt. #, etc.		3. Mailing Address 1113 Sherbourne Way Suite, Apt. #, etc.			
City & State Ormond Beach, FL		City & State Ormond Beach, FL 32174		4. FEI Number 59-2805233	
Zip 32174		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANCASTER, KENNETH G 5975 SUNSET DR SUITE 301 S MIAMI, FL 33143			7. Name and Address of New Registered Agent Name Det H. Joks, Esquire Street Address (P.O. Box Number is Not Acceptable) 10689 N. Kendall Drive Suite 310 City Miami FL Zip Code 33176		
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 <u><i>Det H. Joks</i></u> Det H. Joks, Registered Agent 1-7-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD FRANKLIN, MARY 13568 SW 108 ST CR N MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANKLIN, MARY 13568 SW 108 ST CR. N MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FRANKLIN, MARY 1113 SHERBOURNE WAY ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANKLIN, MARY 1113 SHERBOURNE WAY ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANKLIN, MARY 1113 SHERBOURNE WAY ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <u><i>Chary Frankl</i></u> 1/7/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					