


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M80314 1. Entity Name BEN FRANKLIN FLORIDA ENTERPRISES, INC.	
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Principal Place of Business 701 LEE ST. SUITE 1000 DES PLAINES, IL 60016	Mailing Address 701 LEE ST. SUITE 1000 DES PLAINES, IL 60016
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD FORT LAUDERDALE, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCFO MUELLER, KURT M 1009 ASHLAND WILMETTE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANUM, MONICA C 731-302 BODE CIRCLE HOFFMAN ESTATES, IL 60194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EVANS, BLANE P 701 LEE ST STE 1000 DES PLAINES, IL 60016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BORY, JUDITH A. 358 CAROL DRIVE MASSAPEQUA PARK, NY 11762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

800054529278
05/13/05--01066--014 **900.00
05/04/05-80192-005 900.00

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IN THIS SPACE

B5/12

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: Blane P. Evans 4/1/05 8478031206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED
05 MAY -5 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0050675	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required