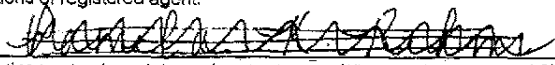
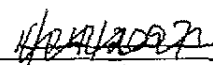


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # M92817					
1. Entity Name FRAN-G-PAM'S, INC.					
Principal Place of Business C/O PAMELA K. REHM 2228 WEBB AVE DUNEDIN FL 34698			Mailing Address C/O PAMELA K. REHM 2228 WEBB AVE DUNEDIN FL 34698		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2903377	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent REHM, PAMELA K. 2228 WEBB AVE DUNEDIN FL 34698				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 title, if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	NAME				
STREET ADDRESS	STREET ADDRESS				
CITY ST ZIP	CITY ST ZIP				
	☐ Delete				
TITLE	NAME				
STREET ADDRESS	STREET ADDRESS				
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TITLE	NAME				
STREET ADDRESS	STREET ADDRESS				
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	☐ Delete				



1st MOORE CR2E034 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2007 121-733-5052
Date Daytime Phone #