

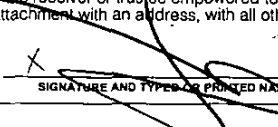


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90017 006 ****61.25

DOCUMENT # N01000009025 1. Entity Name FRANCHISOR ASSOCIATION OF FLORIDA, INC.					
Principal Place of Business 2121 VISTA PKWY WEST PALM BEACH, FL 33411			Mailing Address 2121 VISTA PKWY WEST PALM BEACH, FL 33411		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 41-2042727	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CARY, DAVID E 2121 VISTA PKWY WEST PALM BEACH, FL 33411				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TITUS, RAY 2121 VISTA PKWY WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITUS, RAY 2121 VISTA PKWY WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKS, KEN 1300 NW 17TH AVE, SUITE 170 DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP/D GASS, JIM 7491 N. FEDERAL HWY, #C-13 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHESON, KENNETH 4407 VINELAND ROAD - SUITE D-15 ORLANDO, FL 32811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T/D HUTCHESON, KENNETH 440 VINELAND ROAD, STE. D-15 ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SPOHN, RICHARD 5350 NW 35TH AVE. FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D SPOHN, RICHARD 6001 HIATUS RD., STE 13 TAMARAC, FL 33211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARY, DAVID 2121 VISTA PKWY WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S/D HELGERSON, LONNIE 2810 SCHERER DR., STE 100 ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P/D LENGEL, GARY 2121 VISTA PARKWAY WEST PALM BEACH, FL 33411
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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:  4/4/2008 GARY LENGEL 4/4/2008 561-640-5570					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					