





# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**

06-09-2005 90001 044 \*\*\*150.00

<b>DOCUMENT # P00000007970</b> 1. Entity Name <b>FRENCH CONCEPT DEVELOPMENT, INC.</b>					
Principal Place of Business <b>2900 N. ORANGE AVE. ORLANDO, FL 32804</b>				Mailing Address <b>2900 N. ORANGE AVE. ORLANDO, FL 32804</b>	
2. Principal Place of Business <b>1425 N. ORANGE AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1425 N. ORANGE AVE</b> Suite, Apt. #, etc.			
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>		4. FEI Number <b>59-3683677</b>	
Zip <b>32804</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WALLART, FRANCK 2900 N. ORANGE AVE. ORLANDO, FL 32804</b>				7. Name and Address of New Registered Agent Name <b>WALLART FRANCK</b> Street Address (P.O. Box Number is Not Acceptable) <b>1425 N. ORANGE AVE</b> City <b>ORLANDO</b> FL <b>32804</b>	
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 <b>FRANCK WALLART</b>  DATE <b>05/29/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P WALLART, FRANCK 2900 N. ORANGE AVE. ORLANDO, FL 32804</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP WALLART, MURIEL 2900 N. ORANGE AVE. ORLANDO, FL 32804</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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: <b>FRANCK WALLART</b>  DATE <b>05/29/05</b> DAYTIME PHONE # <b>4078102165</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					