## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 09, 2007 8:00 am Secretary of State

DOCUMENT # P0000042674  1. Entity Name THE FRANCISCUS COMPANY OF FLORIDA, INC.							01-09-2007	90056 04	5 ***150	0.00
Principal Place of Business  620 VILLAGE DRIVE #E  VIRGINIA BEACH, VA 23454-4276  Mailing Address  620 VILLAGE DRIVE #E  VIRGINIA BEACH, VA 23454-4276  VIRGINIA BEACH, VA 23454-4276					6			00728		<b>1! [ ]</b>
2. Principal Place of Business - No P.O. Box # 616 VILLAGE DRUE  Suite, Apt. #, etc.  3. Mailing Address 616 VILLAGE DRUE  Suite, Apt. #, etc.					υ <del>C</del>					
SUTTE	<u>- G</u>		Suite G			01042007	Chg-P	CR2E03	34 (12/06)	
VIRGINIA DEACH VA			VIRGINIA DEACH, VA			4. FEI Number 54-198				plied For of Applicable
2345	4 Country USA		23454	Country	A	5. Certificate	of Status Desired		8.75 Add ee Require	
	6. Name	and Address of Current		7. Name and Address of New Registered Agent Name						
5051 CAS	WS TAINT	TOR, ESQUIRE RIVE	Street Address (P.O. Box Number is Not Acceptable)							
SUITE 5 NAPLES,	FL 34103									
				(	City	* *** <u>******</u>		FL	Zip Cod	e
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										
	Signature, typed	or printed name of registered agent a	and title if applicable. (NOTI	E: Registered Ag	ent signature required	when reinstating)		DATE		
FiL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 7 Fee will be \$550.0	9. Election Campai Trust Fund Cont			.00 May Be led to Fees				
10.	γ-	OFFICERS AND	DIRECTORS	11.			CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP		FRANK R AGE DR STE E BEACH, VA 23454	☐ Delete	TITLE NAME STREET A	DDRESS 616	SIDENT JOEA, FR VILLAGE GINIA B	RANK R Deive Sur EACH VA	T€ € 23454	Change	☐ Addition
TITLE			☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET AT CITY-ST-	ľ					
TITLE			☐ Delete	TITLE		***			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET AL CITY-ST-	I .					
TITLE NAME			☐ Delete	TITLE		***		*****	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				NAME STREET AI CITY-ST-						
TITLE			☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS				NAME Street at	nonree -					
CITY-ST-ZIP				CITY-ST-						
TITLE NAMÉ			☐ Delete	TITLE			<u> </u>		☐ Change	Addition
STREET ADDRESS				NAME STREET AL	DORESS					
CITY-ST-ZIP	<u> </u>			CITY-ST-						
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 supplementar eport is true and 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 of trustee employed 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. The all other like empowered.										

SIGNATURE: \_

1-5.57

757.425.8391 x 105