2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000116689

1. Entity Name
THE FRANJENN GROUP, INC.

Principal Place of Business	Mailing Address
506 N. PIERCE STREET TAMPA, FL 33602	506 N. PIERCE STREET TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

090820 14 No Chg-P CR2E034 (10/03)

4. FEI Number
74-2918577
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, FRANKLIN K
506 N. PIERCE STREET
TAMPA, FL 33602

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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: _____ 9-8-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when no title.) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GREEN, FRANKLIN
STREET ADDRESS	506 N. PIERCE STREET
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VP
NAME	GREEN, JENNIFER
STREET ADDRESS	506 N. PIERCE STREET
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	ST
NAME	SHIRLEY, WILLIAM C
STREET ADDRESS	321 BROCKFIELD DR.
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000172043
09/09/04-80009-002 550.00

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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 empowerment.

SIGNATURE: _____ 9-8-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #