

2004. FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90022 019 ***158.75

DOCUMENT # P02000009227

1. Entity Name

MICHAEL FRANKLIN CONTRACTING, INC.



Principal Place of Business

541926 US HWY 1
HILLIARD FL 32046

Mailing Address

541926 US HWY 1
HILLIARD FL 32046

2. Principal Place of Business

553027 US HWY 1

Suite, Apt. #, etc.

3. Mailing Address

553027 US HWY 1

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

HILLIARD FL.

City & State

HILLIARD, FL.

4. FEI Number

04-3594977

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN, MICHAEL C
541926 US HWY 1
HILLIARD FL 32046

7. Name and Address of New Registered Agent

Name

Michael C. Franklin

Street Address (P.O. Box Number is Not Acceptable)

553027 US HWY 1

City

HILLIARD

FL

Zip Code

32046

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

Michael C. Franklin

Michael C. Franklin

1-23-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 PDMC ☐ Delete
NAME FRANKLIN, MICHAEL
STREET ADDRESS 541926 HWY 1
CITY-ST-ZIP HILLIARD FL 32046

TITLE VTS ☐ Delete
NAME FRANKLIN, VICKIE V
STREET ADDRESS 541926 US HWY 1
CITY-ST-ZIP HILLIARD FL 32046

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SAME ☐ Change ☐ Addition
NAME
STREET ADDRESS 553027 US HWY 1
CITY-ST-ZIP HILLIARD FL 32046

TITLE SAME ☐ Change ☐ Addition
NAME
STREET ADDRESS 553027 US HWY 1
CITY-ST-ZIP HILLIARD FL 32046

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Michael C. Franklin

Michael C. Franklin

Date

Daytime Phone #

1-23-04 9048454777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR