


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000010700 1. Entity Name FRANZINI ENTERPRISES, INC.	
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Principal Place of Business 2279 WEATHERFORD DRIVE DELTONA, FL 32738	Mailing Address 2279 WEATHERFORD DRIVE DELTONA, FL 32738
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0032902	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRANZINI, DAVE 2279 WEATHERFORD DRIVE DELTONA, FL 32738
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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 _____ (NOTE, Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FRANZINI, DAVE 2279 WEATHERFORD DRIVE DELTONA, FL 32738
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01/24/06-60008-012 150.00

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>DAVE FRANZINI</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	16 Jan 06 Date	574 5841 Daytime Phone #
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