


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # P02000054913</b> 1. Entity Name <b>T.J. FRANKLIN ENTERPRISES, INC.</b>	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 JAN 27 AM 10: 29

Principal Place of Business <b>3403 SOUTH GARDENIA AVE.                  TAMPA FL 33629</b>	Mailing Address <b>3403 SOUTH GARDENIA AVE.                  TAMPA FL 33629</b>
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2. Principal Place of Business <i>SAME</i>	3. Mailing Address <i>SAME</i>	Suite, Apt. #, etc. <i>SAME</i>
City & State <i>SAME</i>	City & State <i>SAME</i>	Zip <i>SAME</i>
Country <i>SAME</i>	Country <i>SAME</i>	Zip <i>SAME</i>

1st MOORE CR2E034 (10/05)

4. FEI Number <b>03-0465153</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A.                  1840 SW 22ND ST.                  4TH FLOOR                  MIAMI FL 33145</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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**  
**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD FRANKLIN, THOMAS J 3403 SOUTH GARDENIA DRIVE TAMPA FL 33629	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SAME</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/> <b>800065082488</b> <b>02/02/06--01025--015 **150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas J. Franklin* JAN 24 - 2006 (813) 839-3238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Payment Phone #