

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2004 90214 032 ***150.00

DOCUMENT # P02000077-129

1. Entity Name
FRANKLIN INVESTMENT GROUP, INC.



Principal Place of Business
**1012 PAUL RUSSELL ROAD
TALLAHASSEE, FL 32301**

Mailing Address
**PO BOX 1862
TALLAHASSEE, FL 32302**

44044369



2. Principal Place of Business
1407 Wekewa Nene

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04302004 Chg-P CR2E034 (10/03)

City & State
Tallahassee FL

Zip
32301

Country

City & State

4. FEI Number **30-0087813**
APPLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FRANKLIN, J. DOMINIC III
1407 WEKEWA NENE
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 *J. Dominic Franklin III*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FRANKLIN, J. DOMINIC III**
STREET ADDRESS **1012 PAUL RUSSELL ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **D** ☐ Delete
NAME **JAMES-ROBINSON, CASSONDRA L**
STREET ADDRESS **1012 PAUL RUSSELL ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **D** ☐ Delete
NAME **PRESIDENT, RILANDER**
STREET ADDRESS **1012 PAUL RUSSELL ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS **P O Box 1862**
CITY-ST-ZIP **Tallahassee, FL 32302**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **P O Box 1862**
CITY-ST-ZIP **Tallahassee, FL 32302-1862**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **P O Box 1862**
CITY-ST-ZIP **Tallahassee, FL 32302-1862**

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

TITLE ☐ Change ☐ Addition
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: *J. Dominic Franklin III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

850 536-0962
Daytime Phone #