




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000016915			
1. Entity Name FRANCHISES R US, INC.			
Principal Place of Business 8235 DANBURY BLVD #103 NAPLES, FL 34120		Mailing Address 8235 DANBURY BLVD #103 NAPLES, FL 34120	
2. Principal Place of Business 2770 Horseshoe Dr. S. Suite, Apt. #, etc. Ste #7		3. Mailing Address 2770 Horseshoe Dr. S. Suite, Apt. #, etc. Ste #7	
City & State Naples, FL		City & State Naples, FL	
Zip 34104-6147		Country US	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LYNCH, MICHAEL E 8235 DANBURY BLVD #103 NAPLES, FL 34120		Name: WITTOCK, GARY W. CPA Street Address (P.O. Box Number is Not Acceptable): 2770 Horseshoe Dr. S. Ste #7 City: Naples FL Zip Code: 34104-6147	
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: 		DATE: _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: LYNCH, MICHAEL E STREET ADDRESS: 8235 DANBURY BLVD #103 CITY-ST-ZIP: NAPLES, FL 34120	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: GARY W. WITTOCK STREET ADDRESS: 2770 HORSESHOE DR. S. STE #7 CITY-ST-ZIP: NAPLES, FL 34104-6147	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.			
SIGNATURE: 		Date: 4/2/04 239-434-5818	