

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90019 045 ***150.00

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1. Entity Name
FRANCIS & FRANCIS ENTERPRISES, INC.



Principal Place of Business
P.O. BOX 1395
HIGH SPRINGS, FL 32643

Mailing Address
P.O. BOX 1395
HIGH SPRINGS, FL 32643

50006596



DO NOT WRITE IN THIS SPACE

01172005 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0770841

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRANCIS, EDWARD F JR.
7670 N.E. 50TH AVE RD
HIGH SPRINGS, FL 32643

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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME FRANCIS, ED
STREET ADDRESS PO BOX 1395
CITY-ST-ZIP HIGH SPRINGS, FL 32643

TITLE VPT
NAME FRANCIS, CATHY
STREET ADDRESS PO BOX 1395
CITY-ST-ZIP HIGH SPRINGS, FL 32643

TITLE VP
NAME FRANCIS, JASON
STREET ADDRESS PO BOX 1395
CITY-ST-ZIP HIGH SPRINGS, FL 32643

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: ED FRANCIS President 1-22-05 3864542142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #