2005 FOR PROFIT CORPORATION

Apr 14, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P03000114641** 04-14-2005 90104 024 ***150.00 FRANKLIN CUSTOM MANTELS, INC. Principal Place of Business Mailing Address 17066 SE 95TH CT P 0 B0X 2168 SUMMERFIELD, FL 34491 BELLEVIEW, FL 34421 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 73-1683038 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name DUNHAM, LINDA Street Address (P.O. Box Number is Not Acceptable) 5507 SE 111TH ST. BELLEVIEW, FL 34420 City 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. , Vi Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE FRANKLIN, JERRY D JR NAME NAME 17066 S.E. 95TH CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUMMERFIELD, FL 34491 CITY-ST-ZIP ☐ Change . ☐ Addition ☐ Delete TITLE TITLE FRANKLIN, DONNA L NAME NAME STREET ADDRESS STREET ADDRESS 17066 S.E. 95TH CT. CITY-ST-ZIP CITY-ST-ZIP SUMMERFIELD, FL 34491 Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS City-St-ZIP

Delete

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

IF OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition

FILED