

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90470 001 ***150.00
03-12-2007 90470 002 *****8.75

66004856



01102007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000114641 1. Entity Name FRANKLIN CUSTOM MANTELS, INC.					
Principal Place of Business 12233 S US HWY 441 BELLEVIEW, FL 34420			Mailing Address PO BOX 2168 BELLEVIEW, FL 34421		
2. Principal Place of Business - No P.O. Box # 7105 SE 110th Street Rd		3. Mailing Address P.O. Box 2168			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Belleview FL		City & State Belleview FL		4. FEI Number 73-1683038	
Zip 34420		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent DUNHAM, LINDA 5507 SE 111TH ST BELLEVIEW, FL 34420			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 STREET ADDRESS CITY-ST-ZIP	PT FRANKLIN, JERRY D JR 17066 S.E. 95TH CT. SUMMERFIELD, FL 34491 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Franklin, Jerry D JR 7105 SE 110th Street Rd Belleview, FL 34420 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FRANKLIN, DONNA L 17066 S.E. 95TH CT. SUMMERFIELD, FL 34491 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Franklin Donna L 7105 SE 110th St. Rd Belleview, FL 34420 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Donna Franklin Donna Franklin 1/10/07 352-347-5567 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					