

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000103729**

1. Entity Name  
**FRANKLIN ADVERTISING OF FLORIDA, INC.**



Principal Place of Business  
**178-A AVENIDA MENENDEZ  
ST. AUGUSTINE, FL 32084**

Mailing Address  
**178-A AVENIDA MENENDEZ  
ST. AUGUSTINE, FL 32084**

**DO NOT WRITE IN THIS SPACE**



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**02-0727323**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE, FL 32301-1283**

**DO NOT WRITE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FRANKLIN, HUGH
STREET ADDRESS	178-A AVENIDA MENENDEZ
CITY - ST - ZIP	ST. AUGUSTINE, FL 32084
TITLE	D
NAME	FRANKLIN, ROBERT P
STREET ADDRESS	178-A AVENIDA MENENDEZ
CITY - ST - ZIP	ST. AUGUSTINE, FL 32084
TITLE	D
NAME	FRANKLIN, FLO
STREET ADDRESS	178-A AVENIDA MENENDEZ
CITY - ST - ZIP	ST. AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/25/06-80016-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 information.

**SIGNATURE:**

*Hugh Franklin* - President

7/14/06

904-687-9369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #