2008 FOR PROFIT CORPORATION ANNUAL REPORT

-

DOCUMENT # P04000139482

1. Entity Name
WILLIAM FRANKL INC



FILED Apr 14, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

817 FOREST LAKE DR LAKELAND, FL 33809 817 FOREST LAKE DR LAKELAND, FL 33809



DO NOT WRITE IN THIS SPACE

04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1739446 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANKL, WILLIAM A 817 FOREST LAKE DR LAKELAND, FL 33809

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 renistating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FRANKL, WILLIAM A 817 FOREST LAKE DR LAKELAND, FL 33809				U00000895306 04/24/08-80063-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	aque		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZP		,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				. ·	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-				•

12. I hereby certify that the information supplied with this filting 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2008

863-858-0168

Daytma Phone #