


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000159636 1. Entity Name FRANCO'S MVP BARBER SHOP, INC.	
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Principal Place of Business 1543 S. HIGHLAND AVE. CLEARWATER, FL 33756	Mailing Address 1543 S. HIGHLAND AVE. CLEARWATER, FL 33756
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04142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4151684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent D'ANDREA, FRANCO 105 S. MERCURY AVE. CLEARWATER, FL 33765
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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 <u><i>Francisco D'Andrea</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO D'ANDREA, FRANCO 105 S. MERCURY AVE. CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SIMMONS, VIRGINIA K. 105 S. MERCURY AVE. CLEARWATER, FL 33765
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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: <u><i>Virginia Ray Simmons</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR</small>
Date <u>4/15/07</u> Daytime Phone # <u>(813) 495-1444</u>