

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000160091

Entity Name: FRANCHISE SEEKER, INC.

FILED  
Jun 29, 2007  
Secretary of State

**Current Principal Place of Business:**

442 SW LAKOTA AVE  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

1360 SW 25TH LANE  
PALM CITY, FL 34990

**Current Mailing Address:**

1360 SW 25TH LANE  
PALM CITY, FL 34990

**New Mailing Address:**

FEI Number: 20-3920052

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARAN, JASON  
1360 SW 25TH LANE  
PALM CITY, FL 34990 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: BARAN, JASON  
Address: 442 SW LAKOTA AVE  
City-St-Zip: PORT ST LUCIE, FL 34953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: BARAN, JASON  
Address: 1360 SW 25TH LANE  
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON BARAN

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06/29/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date