

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000013129

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FRANKLIN STREET CONSULTING, INC.

**Current Principal Place of Business:**

701 S HOWARD AVE  
SUITE 106-390  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

701 S HOWARD AVE  
SUITE 106-390  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 43-2043586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANGELICI, LINA  
WILLIAMS SCHIFINO MANGIONE & STEADY, P.A.  
ONE TAMPA CITY CENTER, SUITE 3200  
TAMPA, FL 336025816 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

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** SCHIFINO, DAVID M  
**Address:** 701 S HOWARD AVE SUITE 106-390  
**City-St-Zip:** TAMPA, FL 33606

**Title:** SEC  
**Name:** SCHIFINO, WILLIAM SR  
**Address:** 600 S MAGNOLIA SUITE 275  
**City-St-Zip:** TAMPA, FL 33606

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID SCHIFINO

PRES

04/30/2012

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

\_\_\_\_\_  
Date