2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90343 026 ***155.00

DOCUMENT # P06000157303 1. Entity Name FRANCIS AND PARTNERS, INC							04-28-2006	90343 020	3.00	
Principal Place	e of Business	5	Mailing Address			1				
8325 GOLDEN BEAR LOOP PORT RICHEY, FL 34668			8325 Golden Bear Loop Port Richey, FL 34668				٠			
Principal Place of Business - No P.O. Box # 3. Maili				Aaiting Address						
			Suite, Apt. #, etc.				OOTIO ALIYA KAJII SEKII ESTE	I (1985) Arriy barra (1711 antak 11	iieei ii ieei	
Suite, Apt. #, etc.						04242008	Chg-P	CR2E034 (12/06)		
City & State			City & State	_		4. FEI Numb	791948		oplied For ot Applicable	
Zip	Country		Zip	Zíp Coun		5. Certificate	of Status Desired	\$8.75 Add		
	6. Name	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent			
BRIERTON, FRANCIS J 8325 GOLDEN BEAR LOOP PORT RICHEY, FL 34668					Name BRIERTON, SUSAN A Street Address (P.O. Box Number is Not Acceptable)					
					8325 (Jolden Riche	· Y	ρορ FL Zip Cod	1668	
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. Vjoed or printed name if registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					Adk	5.00 May Be ded to Fees	April	24,2008		
10.	Б	OFFICERS AND		11.		ADDITIONS.	CHANGES TO OFFI	CERS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRIERTO 8325 GOI	ON, FRANCIS J LOEN BEAR LOOP CHEY, FL 34668	, JAC				,	□ Change	Addition :	
TITLE NAME	D	ON, SUSAN A	□ De	lete TITL	į.			Change	☐ Addition	
STREET ADDRESS	8325 GOLDEN BEAR LOOP PORT RICHEY, FL 34668			STR	EET ADDRESS Y-ST-ZIP					
TITLE							·	☐ Change	Addition	
NAME				HAA					_	
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CITY-ST-ZIP				•	Y-S1-ZIP				ĺ	
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CITY-ST-ZIP					Y-ST-ZIP					
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NAME STREET ADDRESS				NAA SIR	ME EET ADORESS				į	
CITY-ST-ZIP		N.			Y-ST-ZIP					
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.										