


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90068 026 \*\*\*150.00

<b>DOCUMENT # P34552</b>	
<b>1. Entity Name</b> JANI-KING FRANCHISING, INC.	

<b>Principal Place of Business</b> 16885 DALLAS PARKWAY ADDISON TX 75001 US	<b>Mailing Address</b> 16885 DALLAS PARKWAY ADDISON TX 75001 US
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

<b>4. FEI Number</b> 75-2074876		<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> AS <input type="checkbox"/> Delete	<b>NAME</b> VICARI, DENISE <b>STREET ADDRESS</b> 16885 DALLAS PARKWAY <b>CITY-ST-ZIP</b> ADDISON TX 75001	<b>TITLE</b> Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Eugene Nunn <b>STREET ADDRESS</b> 16885 Dallas Parkway <b>CITY-ST-ZIP</b> Addison, Texas 75001
<b>TITLE</b> PD <input type="checkbox"/> Delete	<b>NAME</b> CRAWFORD, JERRY L. <b>STREET ADDRESS</b> 16885 DALLAS PARKWAY <b>CITY-ST-ZIP</b> ADDISON TX 75001	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
<b>TITLE</b> VP <input type="checkbox"/> Delete	<b>NAME</b> CAVANAUGH, JIM <b>STREET ADDRESS</b> 16885 DALLAS PARKWAY <b>CITY-ST-ZIP</b> ADDISON TX 75001	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
<b>TITLE</b> D <input type="checkbox"/> Delete	<b>NAME</b> ENMON, THOMAS <b>STREET ADDRESS</b> 16885 DALLAS PARKWAY <b>CITY-ST-ZIP</b> ADDISON TX 75001	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
<b>TITLE</b> VP <input type="checkbox"/> Delete	<b>NAME</b> GIBSON, CHARLES C <b>STREET ADDRESS</b> 16885 DALLAS PARKWAY <b>CITY-ST-ZIP</b> ADDISON TX 75001	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
<b>TITLE</b> VP <input type="checkbox"/> Delete	<b>NAME</b> DICK, GARY <b>STREET ADDRESS</b> 16885 DALLAS PARKWAY <b>CITY-ST-ZIP</b> ADDISON TX 75001	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **Denise Vicari, Assist. Sec.** 02-23-05 972-991-0900  
Date Daytime Phone #