07-01-2005 90004 010 ***150.00
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 OCT 10 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
20061079

DOCUMENT # P94000063108

1. Entity Name
FRANBIZ FL102, INC.

Principal Place of Business	Mailing Address
2502 ROCKY PT. DR #660 TAMPA, FL 33607	2502 ROCKY POINT DR 660 TAMPA, FL 33607 US

06072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3269923
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COHRS, DENIS A
2575 ULMETON RD.
STE. 210
CLEARWATER, FL 33762

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GORDON, KENNETH A.
STREET ADDRESS	2502 ROCKY POINT DR STE 660
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	ST
NAME	GORDON, JANE M.
STREET ADDRESS	2502 ROCKY POINT DR #660
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jane M. Gordon Jane M. Gordon 6/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #