07-01-2005 90004 014 ***150.00
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 12 AM 10:43

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000079567

1. Entity Name
FRAN FINANCIAL INC.

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06072005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3278192
☐ 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
2841 EXECUTIVE DRIVE
STE 120
CLEARWATER, FL 33762

7. Name and Address of New Registered Agent

Name DENIS A. COHRS
Street Address (P.O. Box Number is Not Acceptable)
2575 ULMERTON ROAD, SUITE 210
City CLEARWATER FL Zip Code 33762

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] 6/7/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GORDON, KENNETH A		NAME	
STREET ADDRESS	2502 ROCKY PT DRIVE, STE 660		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GORDON, JANE M		NAME	
STREET ADDRESS	2522 ROCKY PT. DR. STE. 660		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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