2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000007769

1. Entity Name
FRANKLIN INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
209 PINEWOOD DRIVE TALLAHASSEE, FL 32303	P.O. BOX 3145 TALLAHASSEE, FL 32315 US

01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3290987
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRANKLIN, WILLIAM J
209 PINEWOOD DRIVE
TALLAHASSEE, FL 32303

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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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRANKLIN, WILLIAM J
STREET ADDRESS	768 RHODEN COVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	FRANKLIN, CATHERINE D
STREET ADDRESS	768 RHODEN COVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	FRANKLIN, CARLTON W
STREET ADDRESS	5965 OX BOTTOM MANOR DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	FRANKLIN, REGINA W
STREET ADDRESS	5965 OX BOTTOM MANOR DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	MOORE, DAVID M
STREET ADDRESS	2609 LUCERNE DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	GILLESPIE, LINDA D
STREET ADDRESS	2057 CRESTDALE DR
CITY-ST-ZIP	TALLAHASSEE, FL 32308

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01/14/05-80027-025 150.00

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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: William J. Franklin William J. Franklin 1-10-05 850-681-0433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #