
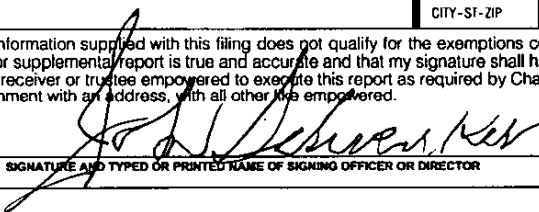


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90027 042 \*\*\*158.75

DOCUMENT # P96000012170			
1. Entity Name FRANKLIN INVESTMENT AND REALTY COMPANY			
Principal Place of Business % JOHN D. SCHWENKER 4712 OCEAN BLVD. SARASOTA, FL 34242		Mailing Address % JOHN D. SCHWENKER 4712 OCEAN BLVD. SARASOTA, FL 34242	
2. Principal Place of Business 5551 DUNROBIN DR. Suite, Apt. #, etc. #4408		3. Mailing Address 5551 DUNROBIN DR. Suite, Apt. #, etc. #4408	
City & State SARASOTA, FL		City & State SARASOTA, FL	
4. FEI Number 65-0646798		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01062006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent SCHWENKER, JOHN D 4712 OCEAN BLVD. SARASOTA, FL 34242		7. Name and Address of New Registered Agent	
5551 DUNROBIN DR. #4408 SARASOTA FL 34238		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWENKER, JOHN D 4712 OCEAN BLVD. SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 fees empowered.			
SIGNATURE: 		Date: 1-06-06 Daytime Phone #	