


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90222 018 \*\*\*150.00

<b>DOCUMENT # P97000005797</b> 1. Entity Name <b>FRANKLIN, INC.</b>			
Principal Place of Business <b>731 COCO PLUM CIR SUITE #1 PLANTATION FL 33324</b>		Mailing Address <b>731 COCO PLUM CIR SUITE #1 PLANTATION FL 33324</b>	
2. Principal Place of Business <b>6521 Orange Dr</b>		3. Mailing Address <b>6521 Orange Dr.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Davie FL</b>		City & State <b>Davie FL</b>	
Zip <b>33314</b>		Zip <b>33314</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0720966</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ASHEN, STELLA 731 COCO PLUM CIR SUITE #1 PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6521 Orange Drive</b> City <b>Davie</b> <b>FL</b> Zip Code <b>33314</b>	
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 <u><i>Stella Ashen</i></u> <span style="float: right;">4/22/05</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DP <input type="checkbox"/> Delete <b>ASHEN, JEFFREY</b> <b>731 COCO PLUM CIR SUITE #1</b> <b>PLANTATION FL 33324</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST <input type="checkbox"/> Delete <b>ASHEN, STELLA</b> <b>731 COCO PLUM CIR</b> <b>PLANTATION FL 33324</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/05 954/791-1764