


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000008161
 1. Entity Name
FRANKLIN ASSOCIATES, INC.



Principal Place of Business Mailing Address
 2061 S.E. PYRAMID RD. 2061 S. E. PYRAMID RD.
 PORT ST. LUCIE, FL 34952 PORT ST. LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0725257 Not Applicable

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

6. Name and Address of Current Registered Agent
GARDNER, FRANK W
2061 S. E. PYRAMID RD.
PORT ST. LUCIE, FL 34952

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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 **FRANK W. GARDNER, PRESIDENT** **1/7/04**
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
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES FRANK W GARDNER 2061 SE PYRAMLD RD PORT SAINT LUCIE, FL 34952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GARDNER, LINDA B 2061 SE PYRAMID RD PORT SAINT LUCIE, FL 34952 |
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 01/12/04-80014-011 150.00

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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)(f), 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: **Frank W Gardner, President** **1/7/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #