


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90010 044 \*\*\*150.00

**DOCUMENT # P97000107615**

1. Entity Name  
 260 FRANKLIN, INC.



Principal Place of Business  
 1801 HERMITAGE BLVD  
 SUITE 100  
 FALLAHASSEE, FL 32308

Mailing Address  
 1801 HERMITAGE BLVD  
 SUITE 100  
 TALLAHASSEE, FL 32308

**60014681**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

01272006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  
 TODD, DAVID E  
 1801 HERMITAGE BLVD, SUITE 600  
 TALLAHASSEE, FL 32308

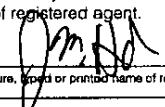
7. Name and Address of New Registered Agent  
 Name **CLT Corporation System**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**  
 City **Plantation** FL Zip Code **33324**

4. FEI Number  
 59-3483599

Applied For  
 Not Applicable

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

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.

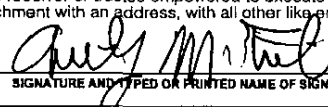
SIGNATURE:  **James M. Halpin** DATE: **2/7/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent must be reinstating) Assistant Secretary

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BENNETT, DOUGLAS W<br>1801 HERMITAGE BLVD, SUITE 100<br>TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>MCCARTHY, THOMAS<br>191 N. WACKER DR, STE 2500<br>CHICAGO, IL 60606 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVAS<br>SMITH, JEFFREY L<br>1801 HERMITAGE BLVD.<br>TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVAT<br>GRAY, LYNNE M<br>1801 HERMATIGE BLVD, SUITE 100<br>TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VAS<br>FERRANTE, ANTHONY M<br>191 N. WACKER DRIVE, STE 2500<br>CHICAGO, IL 60606 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>SMITH, ROGER E.<br>191 N. WACKER DR, STE 2500<br>CHICAGO, IL 60606 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>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 like empowered.

SIGNATURE:  **2-9-06** **312-855-5700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #