

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000016244

1. Entity Name  
PAUL FRANSON, C.P.A., P.A.



FILED

05 JUL 29 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
150 S UNIVERSITY DRIVE  
SUITE C  
PLANTATION, FL 33324

Mailing Address  
150 S UNIVERSITY DRIVE  
SUITE C  
PLANTATION, FL 33324



07282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0827335

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FRANSON, PAUL  
150 S UNIVERSITY DRIVE  
SUITE C  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

500058356035  
08/09/05--01002--026 \*\*150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
FRANSON, PAUL  
9750 SW 15TH DRIVE  
DAVIE, FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
FRANSON, LISA  
9750 SW 15TH DRIVE  
DAVIE, FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #

6-28-05