


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90122 026 ***158.75

DOCUMENT # P98000031311	
1. Entity Name FRANCISCO AND SONS, INC.	

Principal Place of Business 702 MARTIN LANE KISSIMMEE, FL 34749	Mailing Address 702 MARTIN LANE KISSIMMEE, FL 34749
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2. Principal Place of Business 811 Abbeville Court Kissimmee, Florida 34759	3. Mailing Address 811 Abbeville Court Kissimmee, Florida 34759
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07052005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3515250	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANTOS, FRANCISCO 702 MARTIN LANE KISSIMMEE, FL 34749	7. Name and Address of New Registered Agent Name Santos, Francisco Street Address (P.O. Box Number is Not Acceptable) 811 Abbeville Court City Kissimmee FL Zip Code 34759
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTOS, FRANCISCO 702 MARTIN LANE KISSIMMEE, FL 34749 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 811 Abbeville court Kissimmee FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTOS, ELVIA M 702 MARTIN LANE KISSIMMEE, FL 34749 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 811 Abbeville Court Kissimmee FL 34759
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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
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 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:  FRANCISCO SANTOS 7-5-05	Date	321-231-1322
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		