


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 Mailing Address

702 MARTIN LANE 702 MARTIN LANE
 KISSIMMEE, FL 34749 KISSIMMEE, FL 34749

2. Principal Place of Business 3. Mailing Address

811 Abbeville Court **811 Abbeville Court**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Kissimmee, **Kissimmee,**
 City & State City & State
Florida **Florida**
 Zip Country Zip Country
34759 **Osceola** **34759** **Osceola**



07052005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-3515250 Not Applicable

5. Certificate of Status Desired **\$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**

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

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		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
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
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* **FRANCISCO SANTOS** 7-5-05 321-231-1322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #