


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000100020		
1. Entity Name B-FRANZ CHARTERS INC.		

Principal Place of Business 483 SOUTH LANIER ROAD HAVANA, FL 32333	Mailing Address 483 SOUTH LANIER ROAD HAVANA, FL 32333
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2. Principal Place of Business 1633 Highbridge Rd Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1966 Suite, Apt. #, etc.
City & State Quincy FL	City & State Quincy FL
Zip 32351	Zip 32351

FILED

05 MAY 17 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04082005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3571622	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRANCIS, WILLIAM W JR. 483 SOUTH LANIER ROAD HAVANA, FL 32333	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1633 Highbridge Road City Quincy FL Zip 32351
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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 FRANCIS, WILLIAM W JR. 483 SOUTH LANIER ROAD HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1633 Highbridge Road Quincy FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FRANCIS, JEANETTE T 483 SOUTH LANIER ROAD HAVANA, FL 32333 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100055378311 05/26/05--01065--005 ***\$500
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: William W. Francis Jr. 4/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #