

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000045986**

1. Entity Name  
**FRANKLIN INSURANCE & FINANCIAL SERVICES, INC.**



Principal Place of Business  
**6210 COMMERCIAL WAY  
WEEKI WACHEE, FL 34613**

Mailing Address  
**6210 COMMERCIAL WAY  
WEEKI WACHEE, FL 34613**

**DO NOT WRITE IN THIS SPACE**



03212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3576681**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FRANKLIN, EDGAR L  
6210 COMMERCIAL WAY  
WEEKI WACHEE, FL 34613**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
FRANKLIN, EDGAR L  
6210 COMMERCIAL WAY  
WEEKI WACHEE, FL 34613**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
FRANKLIN, PHILLIS K  
6210 COMMERCIAL WAY  
WEEKI WACHEE, FL 34613**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000118115  
04/19/04-80047-004 150.00

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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edgar L Franklin*

*4/15/04*