


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000045986 1. Entity Name FRANKLIN INSURANCE & FINANCIAL SERVICES, INC.	
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Principal Place of Business 6210 COMMERCIAL WAY WEEKI WACHEE, FL 34613	Mailing Address 6210 COMMERCIAL WAY WEEKI WACHEE, FL 34613
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03062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3576681	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 FRANKLIN, EDGAR L 6210 COMMERCIAL WAY WEEKI WACHEE, FL 34613
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and date if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
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
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05/01/06-80077-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *x Edgar L. Franklin* **x 4/17/06 352-596-7935**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EDGAR L. FRANKLIN