## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_

SIGNATURE AND TYPES OF PENTED NAME OF SIGNING OFFICER OR DIRECTO

## Feb 05, 2007 8:00 am DOCUMENT # P99000056345 **Secretary of State** 1. Entity Name 02-05-2007 90089 013 \*\*\*150.00 GREG FRANKLIN CONSTRUCTION, INC. Principal Place of Business Mailing Address 4721 RIGBY RD. 4721 RIGBY RD. CENTURY FL 32535 CENTURY FL 32535 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3600997 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOBERT G. FRANKLIN FRANKLIN, ROBERT GREGORY Street Address (P.O. Box Number is Not Acceptable) 514 BENJULYN RD **CANTONMENT FL 32533** 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. 1-27-07 SIGNATURE . FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HHE Change ☐ Defete TITLE ■ Addition FRANKLIN, ROBERT G. FRANKLIN, ROBERT G NAME NAME 514 BENJULYN ROAD 4721 RIGBY RD. STREET ADDRESS STREET ADDRESS CANTONMENT FL 32533 CENTURY, FL 32535 CITY - ST - ZIP CITY ST ZIP ☐ Delete 100 Change ☐ Addition NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THES ☐ Change Addition нам STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP TITLE Delete IIIIE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY ST-ZIP ☐ Delete IME Change ■ Addition NAMI STREET ADDRESS STREET ADDRESS CITY-SI-7/P CITY ST-7IP JITLE ☐ Delete Addition HILLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not grant the information supplied with this filing does not grant the information supplied with this filing does not grant the information supplied with this filing does not grant the information supplied with this filing does not grant the information supplied with this filing does not grant the information supplied with this filing does not grant the information supplied with this filing does not grant the information supplied with this filing does not grant the information supplied with supplied with supplied with the information supplied with supplied with supplied with supplied with supplied with supplied with indexemptions contained in Section 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to confide the changed, or on an attachment with an address with the corporation of the receiver or trustee empowered to confide the changed, or on an attachment with an address with the confidence of the confid gnature shall have the same logal offect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutos; and that my name appears in Block 10 or Block 11

FILED