## **FILED** 2005 FOR PROFIT CORPORATION **ANNUAL REPORT** Apr 04, 2005 08:00 AM Secretary of State DOCUMENT # P99000108202 FRANCHISE SALES CONSULTANTS INC. Principal Place of Business Mailing Address 11420 NW 30TH ST 11420 NW 30TH ST CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 03122005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0970159 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KALLERES, MICHAEL G DO NOT WRITE 11420 NW 30TH ST CORAL SPRINGS, FL 33065 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 11000000286767 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE KALLERES, MICHAEL G NAME 11420 NW 30TH ST STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

MICHAEL G. KALLERE

954-345-9248

Daytime Phone #