


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90023 027 ***150.00

DOCUMENT # P99000109946 1. Entity Name FRANKLIN FIELDS, INC.			
Principal Place of Business 525 S. FLAGLER DR., #22C WEST PALM BEACH, FL 33401		Mailing Address 525 S. FLAGLER DR., #22C WEST PALM BEACH, FL 33401	
2. Principal Place of Business 720 Massachusetts Ave Suite, Apt. #, etc.		3. Mailing Address 720 Massachusetts Ave Suite, Apt. #, etc.	
City & State Cambridge MA Zip 02139		City & State Cambridge MA Zip 02139	
Country USA		Country USA	
4. FEI Number 65-0968602		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 O'CONNELL, BRIAN M 515 N. FLAGLER DR., 18TH FL. WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD	TITLE	
NAME	FIELD, JACK W <input checked="" type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	525 S. FLAGLER DR., #22C	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	
TITLE	PTSD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELD, LAURENCE <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	42 MT VERNON ST	STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE, MA 02140	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <u>Laurence Field</u>		<u>President</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

40022233



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FL Zip Code

617 354

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