

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000095969

**Entity Name:** FRANCHISE NETWORK DELRAY BEACH, INC.

**Current Principal Place of Business:**

3300 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

3300 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319 US

**FEI Number:** 02-0641011

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CASPER, MICHAEL  
3300 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319 US

*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.*

**SIGNATURE:** MICHAEL CASPER

04/30/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CASPER, MICHAEL J  
Address        3300 NORTH STATE ROAD 7  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title            SVP  
Name            SCHMITT, BRIAN  
Address        3300 NORTH STATE ROAD 7  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title            VP  
Name            DUMELLE, IVENET  
Address        3300 NORTH STATE ROAD 7  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title            VP  
Name            GRAY, JESSICA R  
Address        3300 NORTH STATE ROAD 7  
City-State-Zip: LAUDERDALE LAKES FL 33319

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL CASPER

**PRESIDENT**

04/30/2025

Electronic Signature of Signing Officer/Director Detail

Date