## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 245238** 

Entity Name: GRIFFIN INSURANCE AGENCY, INC.

FILED Jan 10, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
901 E SILV OCALA, FI	/ER SPRINGS L 34470	BLVD			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
901 E SILV OCALA, FI	/ER SPRINGS L 34470	BLVD			
FEI Number: 59-0915070		FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
GRIFFIN, I 901 E SILV OCALA, FI	/ER SPGS BL				
	named entity of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD ( GRIFFIN, DAN 901 E SILVER OCALA, FL 34	SPGS BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DANE C. GRIFFIN PTD 01/10/2006