## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 29, 2005 8:00 am Secretary of State DOCUMENT # P04000034907 1. Entity Name 03-29-2005 90024 022 \*\*\*150.00 D.A. GRIFFIN, INC Mailing Address Principal Place of Business 1958 S GALLAGHER RD DOVER FL 33527 1958 S GALLAGHER RD DOVER FL 33527 2. Principal Place of Business 3. Mailing Address 4260 COSTLE WORD RO 4260 CasThemood Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034\_(10/04) LoT \_City-&-State City & State Applied For 4. FEI Number seffner seffner FLorida 20-0786740 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired <u> 335</u>84 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRIFFIN, DENNIS A -Street Address (P.O. Box Number is Not Acceptable) 1958 S GALLAGHER RD DOVER FL 33527 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. ..... FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P/S GRIFFIN Denvis A 4260 CASTLEWOOD Rd TITLE Change Addition TITLE P/S ☐ Delete GRIFFIN, DENNIS A MAME NAME STREET ADDRESS STREET ADDRESS 1958 S GALLAGHER RD DOVER FL 33527 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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.

FILED