

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 227835 1. Entity Name BEN HILL GRIFFIN, INC.	
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Principal Place of Business 700 SOUTH ALT U S 27 FROSTPROOF, FL 33843	Mailing Address P. O. BOX 127 FROSTPROOF, FL 33843
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0585518	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HURST, STEWART W 700 SOUTH ALT U S 27 FROSTPROOF, FL 33843
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**DO NOT WRITE
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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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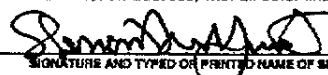
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HURST, STEWART W 335 SCENIC HWY BABSON PARK, FL 33827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFIN, BEN HILL IV 1 BRACRES LANE FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GRIFFIN, B.H., III 1317 N. LAKE REEDY BLVD. FROSTPROOF, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRY, LLOYD 14631 ORANGE RIVER RD FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RESPRESS, DONNA H. 801 CLINCH LAKE BLVD FROSTPROOF, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOONEY, GENE 1139 S. LAKE REEDY BLVD FROSTPROOF, FL 33843

000000101358
04/02/04-20010-005 150.00

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IN THIS SPACE**

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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	03/31/04 Date	863-635-2251 Daytime Phone #
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STEWART W. HURST