2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 227835

Entity Name: BEN HILL GRIFFIN, INC.

FILED Feb 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 700 SCENIC HIGHWAY FROSTPROOF, FL 33843 **Current Mailing Address: New Mailing Address:** P. O. BOX 127 FROSTPROOF, FL 33843 FEI Number: 59-0585518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HURST, STEWART W 700 SCÉNIC HIGHWAY FROSTPROOF, FL 33843 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HURST, STEWART W Name: Name: 335 SCENIC HWY Address: Address: City-St-Zip: BABSON PARK, FL 33827 City-St-Zip: Title: PD Title: () Delete () Change () Addition Name: GRIFFIN. BEN HILL IV Name: 1 BRACRES LANE Address: Address: FROSTPROOF, FL 33843 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition CD () Delete CD GRIFFIN, B.H., III, GRIFFIN, BEN HILL III Name: Name: 425 N. LAKE REEDY BLVD. 425 N. LAKE REEDY BLVD. Address: Address: City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: FROSTPROOF, FL 33843 Title: () Delete Title: () Change () Addition HENDRY, LLOYD Name: Name: Address: 14631 ORANGE RIVER RD Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33905 Title: Title: () Delete (X) Change () Addition RESPRESS, DONNA H. RESPRESS, DONNA H Name: Name: 801 CLINCH LAKE BLVD Address: 801 CLINCH LAKE BLVD Address: City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: FROSTPROOF, FL 33843 Title: () Delete Title: () Change () Addition MOONEY, GENE Name: Name: 1139 S. LAKE REEDY BLVD Address: Address: City-St-Zip: City-St-Zip: FROSTPROOF, FL 33843

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: STEWART W HURST VT 02/23/2006