

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 227835

Entity Name: BEN HILL GRIFFIN, INC.

FILED  
Feb 12, 2009  
Secretary of State

## Current Principal Place of Business:

700 SCENIC HIGHWAY  
FROSTPROOF, FL 33843

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 127  
FROSTPROOF, FL 33843

## New Mailing Address:

FEI Number: 59-0585518

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HURST, STEWART W  
700 SCENIC HIGHWAY  
FROSTPROOF, FL 33843 US

## Name and Address of New Registered Agent:

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:

Title: VT ( ) Delete  
Name: HURST, STEWART W  
Address: 335 SCENIC HWY  
City-St-Zip: BABSON PARK, FL 33827

Title: PD ( ) Delete  
Name: GRIFFIN, BEN HILL IV  
Address: 1 BRACRES LANE  
City-St-Zip: FROSTPROOF, FL 33843

Title: CD ( ) Delete  
Name: GRIFFIN, BEN HILL III  
Address: 425 N. LAKE REEDY BLVD.  
City-St-Zip: FROSTPROOF, FL 33843

Title: S ( ) Delete  
Name: RESPRESS, DONNA H  
Address: 801 CLINCH LAKE BLVD  
City-St-Zip: FROSTPROOF, FL 33843

Title: VD ( ) Delete  
Name: MOONEY, GENE  
Address: 1139 S. LAKE REEDY BLVD  
City-St-Zip: FROSTPROOF, FL 33843

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

02/12/2009

Electronic Signature of Signing Officer or Director

Date