2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90030 035 ***150.00

04000304

DOCUMENT # 377204

1. Entity Name
GRIFFIN'S CONCRETE, INC.

Principal Place of Business
SEBRING EAST INDUSTRIAL PARK
200 COMMERCIAL CT
SEBRING, FL 33870 US

Mailing Address
~~3219 EVERGREEN RD~~
~~LORIDA, FL 33857 US~~

01172004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	4108 VANTAGE CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State SEBRING FLA
Zip / Country	Zip 33872 Country USA

4. FEI Number 59-1319931 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, BONNIE T
~~3219 EVERGREEN ROAD~~
~~LORIDA, FL 33857~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 4108 VANTAGE CIRCLE

City SEBRING FL Zip Code 33872

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRIFFIN, NEIL ~~7749 SOUTH GEORGE BLVD.~~ ~~SEBRING, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4108 VANTAGE CIRCLE SEBRING, FLA. 33872
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS GRIFFIN, BONNIE T ~~7749 SOUTH GEORGE BLVD.~~ ~~SEBRING, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4108 VANTAGE CIRCLE SEBRING, FLA. 33872
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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: Bonnie T. Griffin 1/20/04 863-386-0645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BONNIE T. GRIFFIN