


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90256 007 ***150.00

DOCUMENT # 425079 1. Entity Name GRIFFIN GROVES, INC.	
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Principal Place of Business 700 SOUTH SCENIC HIGHWAY FROSTPROOF, FL 33843	Mailing Address 700 SOUTH SCENIC HIGHWAY FROSTPROOF, FL 33843
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2. Principal Place of Business 700 South Scenic Highway Suite, Apt. #, etc.	3. Mailing Address 700 South Scenic Highway Suite, Apt. #, etc.
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City & State Frostproof, FL	City & State Frostproof, FL	4. FEI Number 59-1500098	Applied For Not Applicable
Zip 33843	Country USA	Zip 33843	Country USA

6. Name and Address of Current Registered Agent GRIFFIN III B H 700 SOUTH SCENIC HIGHWAY FROSTPROOF, FL 33843	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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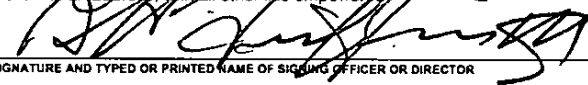
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFIN, B.H., III 425 N LAKE REEDY BLVD FROSTPROOF, FL 33843 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLLIER, LUCY ANNE 2750 N. LAKE REEDY BLVD. FROSTPROOF, FL 33843 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLIER, WAYNE 2750 N. LAKE REEDY BLVD FROSTPROOF, FL 33834 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLIGAN, FRANCIE G. 116 ST. LAWRENCE AVE. - WORTHING WEST SUSSEX BN147JL ENGLAND <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEXANDER, JOHN R. 327 SUNSET ROAD FROSTPROOF, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLIGAN, DAVID P. 116 ST. LAWRENCE AVE. - WORTHING WEST SUSSEX BN147JL ENGLAND <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, SARAH JANE 327 SUNSET ROAD FROSTPROOF, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, HARRIETT G. 1990 EL PASO E. BARTOW, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, GEORGE W., JR. 1990 EL PASO E. BARTOW, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other line empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date: 1/12/06 Daytime Phone #: 863/635-2251