

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90220 048 \*\*\*150.00

**DOCUMENT # 425079**

1. Entity Name  
GRIFFIN GROVES, INC.



Principal Place of Business  
700 SOUTH SCENIC HIGHWAY  
FROSTPROOF, FL 33843

Mailing Address  
700 SOUTH SCENIC HIGHWAY  
FROSTPROOF, FL 33843

60001727

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007

Chg-P

CR2E034 (12/06)

4. FEI Number  
59-1500098

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

GRIFFIN III B H  
700 SOUTH SCENIC HIGHWAY  
FROSTPROOF, FL 33843

Name

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

City

FL

Zip Code

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, 2007 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 PD ☐ Delete  
NAME GRIFFIN, B.H., III  
STREET ADDRESS 425 N LAKE REEDY BLVD  
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE C/P/D ☒ Change ☐ Addition  
NAME GRIFFIN, B.H., III  
STREET ADDRESS 425 N. LAKE REEDY BLVD.  
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE D ☐ Delete  
NAME COLLIER, WAYNE  
STREET ADDRESS 2750 N. LAKE REEDY BLVD  
CITY-ST-ZIP FROSTPROOF, FL ~~33843~~ 33843

TITLE S/D ☐ Change ☒ Addition  
NAME COLLIER, LUCY ANNE  
STREET ADDRESS 2750 N. LAKE REEDY BLVD.  
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE TD ☐ Delete  
NAME ALEXANDER, JOHN R.  
STREET ADDRESS 327 SUNSET ROAD  
CITY-ST-ZIP FROSTPROOF, FL

TITLE V/D ☒ Change ☐ Addition  
NAME ALEXANDER, JOHN R.  
STREET ADDRESS 327 SUNSET ROAD  
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE D ☐ Delete  
NAME ALEXANDER, SARAH JANE  
STREET ADDRESS 327 SUNSET ROAD  
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE D ☐ Change ☒ Addition  
NAME MILLIGAN, FRANCIE G.  
STREET ADDRESS 116 ST. LAWRENCE AVE. - WORTHING  
CITY-ST-ZIP WEST SUSSEX BN147JL - ENGLAND

TITLE D ☐ Delete  
NAME HARRIS, HARRIETT G.  
STREET ADDRESS 1990 EL PASO E.  
CITY-ST-ZIP BARTOW, FL

TITLE T/D ☒ Change ☐ Addition  
NAME HARRIS, HARRIETT G.  
STREET ADDRESS 1990 EL PASO EAST  
CITY-ST-ZIP BARTOW, FL 33830

TITLE VD ☒ Delete  
NAME HARRIS, GEORGE W., JR.  
STREET ADDRESS 1990 EL PASO E.  
CITY-ST-ZIP BARTOW, FL

TITLE D ☐ Change ☒ Addition  
NAME MILLIGAN, DAVID P.  
STREET ADDRESS 116 ST. LAWRENCE AVE. - WORTHING  
CITY-ST-ZIP WEST SUSSEX BN147JL - ENGLAND

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

01/10/07

Date

863-635-2251

Daytime Phone #