

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD GRIFFIN, B.H., III 425 N LAKE REEDY BLVD FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLIER, WAYNE 2750 N. LAKE REEDY BLVD FROSTPROOF, FL 33834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALEXANDER, JOHN R. 327 SUNSET ROAD FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, SARAH JANE 327 SUNSET ROAD FROSTPROOF, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIS, HARRIETT G. 1990 EL PASO E. BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLLIER, LUCY ANNE 2750 N. LAKE REEDY BLVD FROSTPROOF, FL 33843

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01/31/08-80005-011 150.00

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IN THIS SPACE**

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 SIGNING OFFICER OR DIRECTOR

01/25/08

Date

863-635-2251

Daytime Phone #