


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # 449293 1. Entity Name GRI-SAN, INC.	
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Principal Place of Business 3450 NE JACKSONVILLE ROAD OCALA, FL 34479 US	Mailing Address 3450 NE JACKSONVILLE ROAD OCALA, FL 34479 US
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1515694	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRIFFIN, LARRY 3450 NE JACKSONVILLE ROAD OCALA, FL 34479

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000914414 05/08/08-80056-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRIFFIN, LARRY 18551 NE 55TH ST WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDLIN, ROBERT P 18551 NE 55TH ST WILLISTON, FL 32696
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: 	4-18-08	352 732 4655
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>