

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 455575

**FILED**  
**Apr 27, 2005**  
**Secretary of State**

**Entity Name:** GRIFFIN FURNITURE COMPANY

**Current Principal Place of Business:**

101 S. ADAMS STREET  
P O BOX 345  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

101 S. ADAMS STREET  
P O BOX 345  
QUINCY, FL 32351

**New Mailing Address:**

**FEI Number:** 59-1536286      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRIFFIN, RUBY T  
PO BOX 345  
516 W FRANKLIN ST  
QUINCY, FL 32351 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GRIFFIN,JAMES CARLTO, N  
Address: 3866 LONGLEAF ROAD  
City-St-Zip: TALLAHASSEE, FL

Title: V ( ) Delete  
Name: GRINER,LARRY D.,  
Address: STAR RT 1 BOX 1441  
City-St-Zip: TALLAHASSEE, FL

Title: ST ( ) Delete  
Name: GRIFFIN, RUBY,  
Address: 516 W. FRANKLIN ST.  
City-St-Zip: QUINCY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBY GRIFFIN

ST

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date