

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 681690

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** ALFRED E. GRIFFIN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

7320 GRIFFIN ROAD  
STE #100  
DAVIE, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

7320 GRIFFIN ROAD  
STE #100  
DAVIE, FL 33314 US

**New Mailing Address:**

**FEI Number:** 59-2030595

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRIFFIN, ALFRED E PRES  
7320 GRIFFIN RD  
STE 100  
DAVIE, FL 33314 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: PSTD  
Name: GRIFFIN, ALFRED E  
Address: 7320 GRIFFIN RD., #100  
City-St-Zip: DAVIE, FL 33314

Title: VP  
Name: GRIFFIN, CARL F  
Address: 7320 GRIFFIN RD., #100  
City-St-Zip: DAVIE, FL 33314

I hereby 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 all other like empowered.

SIGNATURE: ALFRED EDGAR GRIFFIN

PRES

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date