

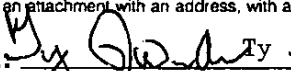


FILED
Mar 22, 2006 8:00 am
Secretary of State

03-03-2006 90115 013 ****61.25

DOCUMENT #752787 1. Entity Name INDUSTRIAL COMPLEX OF RAIFORD, INC.				Secretary of State 03-03-2006 90115 013 ****61.25	
Principal Place of Business P. O. BOX 368 RAIFORD FL 32083		Mailing Address P. O. BOX 368 RAIFORD FL 32083			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip		1st MOORE CR2E037 (10/05) 4. FEI Number 59-2134008 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GRIFFIS, J. D SR 121 ON TH CR 229 CENTRAL AVENUE RAIFORD FL 32083			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW - FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
C D GRIFFIS, J D P O BOX 98 NA RAIFORD FL 32083					
STD GRIFFIS, GREG P.O. BOX 569 NA LAWTEY FL 32058					
DP GRIFFIS, RESSIE RT 1 BOX 386G LAKE BUTLER FL 32054					
VPD GRIFFIS, RICHARD P.O. BOX 275 KEYSTONE HEIGHTS FL 33656					
VSTD SHADD, LOWELL P.O. BOX 506 LAKE BUTLER FL 32054					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:  Ty Jordan, -Executive Director 03/16/06 (386) 431-1898					



ATTACHMENT
66006353

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2006

INDUSTRIAL COMPLEX OF RAIFORD, INC.
P. O. BOX 368
RAIFORD, FL 32083

Subject: **INDUSTRIAL COMPLEX OF RAIFORD, INC.**

Reference Number:

752787

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION