

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F85220

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** GRIFFIN & GRIFFIN TRANSMISSIONS, INC.

**Current Principal Place of Business:**

% JOSEPH W. GRIFFIN  
4720 STETSON RD  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

4720 STETSON ROAD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

% JOSEPH W. GRIFFIN  
4720 STETSON RD  
JACKSONVILLE, FL 32207

**New Mailing Address:**

4720 STETSON ROAD  
JACKSONVILLE, FL 32207

**FEI Number:** 59-2197850

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRIFFIN, JOSEPH W.  
4720 STETSON RD  
JACKSONVILLE, FL 32207 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

**OFFICERS AND DIRECTORS:**

Title: DST  
Name: GRIFFIN, JOSEPH W  
Address: 5151 LOSCO ROAD  
City-St-Zip: JACKSONVILLE, FL 00000,

Title: PD  
Name: GRIFFIN, RICHARD S  
Address: 738 WORTH ROAD  
City-St-Zip: JACKSONVILLE, FL 32259

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: JOSEPH W GRIFFIN

DST

04/12/2012

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

\_\_\_\_\_  
Date