


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 03, 2007 08:00 AM
Secretary of State**

DOCUMENT # G33225 1. Entity Name PORTER GRIFFIN ENTERPRISES, INC.	
--	---

Principal Place of Business 335 PREVATT RD DOTHAN, AL 36301	Mailing Address P.O. BOX 1792 DOTHAN, AL 36302
---	--



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2294937	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 HARRIS, ERIC D 912 MAPLE AVENUE PANAMA CITY, FL 32401
--

**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 *Sandra H. Griffin* DATE 4/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000757996 05/23/07-80094-004 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, PORTER G 335 PREVATT RD DOTHAN, AL 36301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRIS, ERIC 912 MAPLE AVENUE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRIFFIN, LINDA H 335 PREVATT ROAD DOTHAN, AL 36301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *Sandra H. Griffin* DATE 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR