2008 FOR PROFIT CORPORATION ANNUAL REPORT

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



FILED
May 01, 2008 08:00 AN
Secretary of State

Principal Place of Business

335 PREVATT RD DOTHAN, AL 36301 Mailing Address

P.O. BOX 1792 DOTHAN, AL 36302



DO NOT WRITE IN THIS SPACE

04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2294937

Applied For Not Applicable

5. Certificate of Status Desired

\$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 the obligat	e named entity submits this statement for the pricions of registered agent.	urpose of changing its register	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if apolicable. (NOTE. Registered			d Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	specific \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	American services of the services	
THTLE 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			05/28/08-80064-013 150:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRIFFIN, LINDA H 335 PREVATT ROAD DOTHAN, AL 36301		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP			ln:	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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 angladdress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME OF STOWNING OFFICER OF DISPETURE

4/28/08

334-685-277