

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G71095

Entity Name: GINN FINANCIAL GROUP, INC.

FILED
Feb 25, 2009
Secretary of State

Current Principal Place of Business:

421 ST JOHNS AVE, SUITE 3
417 ST. JOHNS AVENUE
PALATKA, FL 321779987 US

New Principal Place of Business:

421 ST JOHNS AVE, SUITE 3
PALATKA, FL 321779987 US

Current Mailing Address:

421 ST JOHNS AVENUE
SUITE 3
PALATKA, FL 321779987 US

New Mailing Address:

421 ST JOHNS AVE, SUITE 3
PALATKA, FL 321779987 US

FEI Number: 59-2352011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GINN, J.A. III
421 ST JOHNS AVE, SUITE 3
PALATKA, FL 32177 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: PD () Delete
Name: GINN, J.A. III,
Address: 421 ST JOHNS AVE, SUITE 3
City-St-Zip: PALATKA, FL 32177

Title: VTD () Delete
Name: GINN, J.A. JR.,
Address: 421 ST JOHNS AVE, SUITE 3
City-St-Zip: PALATKA, FL 32177

Title: VSD (X) Delete
Name: GINN, LOU C.,
Address: 421 ST JOHNS AVE, SUITE 3
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change () Addition
Name: GINN, LOU C.,
Address: 421 ST JOHNS AVE., SUITE 3
City-St-Zip: PALATKA, FL 32177

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN A. GINN, III

PRES

02/25/2009

Electronic Signature of Signing Officer or Director

Date