



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90003 026 ***150.00

DOCUMENT # H49305 1. Entity Name GRIFFIN & ASSOCIATES ELECTRICAL SALES, INC.					
Principal Place of Business 5932 LEELAND ST. ST. PETERSBURG, FL 33715 US			Mailing Address 5932 LEELAND ST. ST. PETERSBURG, FL 33715 US		
2. Principal Place of Business 5932 Leeland St		3. Mailing Address 5932 Leeland			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		05162006 Chg-P CR2E034 (11/05)	
City & State St. Pete Fla		City & State St Pete Fla		4. FEI Number 59-2522141	
Zip 33715		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFIN, GEORGE T 5932 LEELAND ST. ST. PETERSBURG, FL 33715			7. Name and Address of New Registered Agent Name NO NEW 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 <u><i>George T. Griffin</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GRIFFIN, GEORGE 5932 LEELAND ST. ST. PETERSBURG, FL 33715 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>George T. Griffin</i></u>			Date <u>6-1-06</u> Daytime Phone # _____		