


2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2012 JUN 20 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FL 32399

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
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2. Principal Place of Business - No P.O. Box # 5932 Leeland	3. Mailing Address 5932 Leeland
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St. Pete, Fla	City & State St. Pete St. Pete
Zip 33715	Zip 33715
Country USA	Country USA



05232012 Chg-P CR2E034 (12/11)

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 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	06/20/12--01003--004 <input type="checkbox"/> Change <input type="checkbox"/> Addition **150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	900236615409 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/20/12--01003--004 **150.00
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
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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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

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 persons empowered.

SIGNATURE: George T. Griffin 6-12-12 GRGRIFFINOI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS

@HSD.COM