


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # J01088 1. Entity Name GRIFFIN PLASTERING, INC.	
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Principal Place of Business 10006 ALBYAR RD. RIVERVIEW, FL 33569	Mailing Address 10006 ALBYAR RD. RIVERVIEW, FL 33569
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**DO NOT WRITE IN THIS SPACE**



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2652876	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

GRIFFIN, ROBIN FAYE  
 1006 ALBYAN ROAD  
 RIVERVIEW, FL 33569

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000112514  
 04/14/04-80026-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GRIFFIN, EDDIE CHRIS 10006 ALBYAR RD. RIVERVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, EDDIE CHRIS 10006 ALBYAR RD. RIVERVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRIFFIN, ROBIN FAYE 10006 ALBYAR RD. RIVERVIEW, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_