## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 03, 2006 8:00 am Secretary of State **DOCUMENT # J57883** 04-03-2006 90396 007 \*\*\*150.00 J.J. GRIFFITHS, INC. Mailing Address Principal Place of Business 1015 LAKE ROGERS BLVD ........ 1015 LAKE ROGERS BLVD OVIEDO, FL 32765 OVIEDO, FL 32765 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. CR2E034 (11/05) Suite, Apt. #, etc. 01102006 Chg-P Applied For 4. FEI Number City & State City & State Not Applicable 59-2768981 \$8.75 Additional Country Zip Country Г 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRIFFITHS, JOSEPH J. Street Address (P.O. Box Number) is Not Acceptable DIVD 649 SARANAC DR WINTER SPRINGS, FL 32708 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE PD TITLE 1015 LAKE ROGERS BIVD OVIEDO, FL 32765 NAME GRIFFITHS, JOSEPH J. NAME STREET ADDRESS 649 SARANAC DR STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP Change 1015 LAKE ROGERS BIVD OVIEDO, FL 32765 ☐ Addition TITLE Delete STD TITLE NAME GRIFFITHS, GEORGANN R. NAME STREET ADDRESS 649 SARANAC DR STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME GRIFFITHS, DAN NAME STREET ADDRESS 1015 LAKE RODGERS BLVD STREET ADDRESS CITY-ST-ZIP **OVIEDO, FL 32765** CITY-ST-ZIF ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 regeiver 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. 3-31-06 407-497-2988 SIGNATURE:

**FILED**