## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

J RICHARD GRIFFIN 1900 E F GRIFFIN RD BARTOW FL 33830

## DOCUMENT # J71027

1. Entity Name

Principal Place of Business

2. Principal Place of Business

J RICHARD GRIFFIN 1900 E F GRIFFIN RD BARTOW FL 33830

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

## S & M SADDLE CREEK CORPORATION

Country

GRIFFIN, J'RICHARD 1900 E F GRIFFIN RD

BARTOW FL 33830

the obligations of registered agent.

6. Name and Address of Current Registered Agent"

Signature, typed or printed name of registered agent and title if applicable



Country

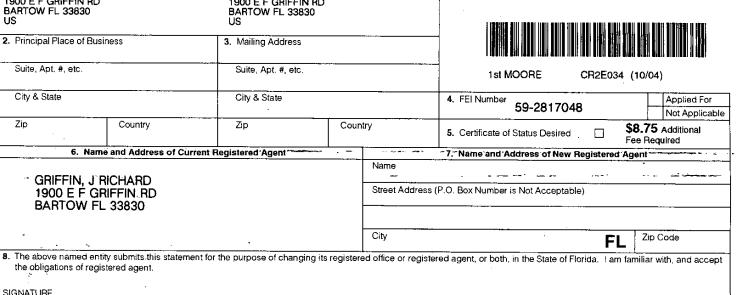
City

(NOTE, Registered Agent signature required when reinstating)

FILED Feb 21, 2005 8:00 am **Secretary of State** 

02-21-2005 90086 006 \*\*\*150.00

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DATE

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition GRIFFILIT, RICHARD GRIFFIN, J. RICHARD NAME NAME 970 SQUAPE LAKE DRIVE 2201 E F GRIFFIN RD STREET ADDRESS CITY-ST-ZIP **BARTOW FL** CITY-ST-ZIP BARTOW, FL 33830 TITLE TITLE Delete Change Addition GRIFFIN, EMMETT F. NAME 5272 WATERWOOD DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP:\_ BARTOW FL CITY-ST-ZIP TITLE Addition GRIFFIN, WILLIAM M. NAME STREET ADDRESS 4515 PIO NONO AVE STREET ADDRESS CITY-ST-7IP MACON GA CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7tP ☐ Delete THEF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P

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.

2/7/05 863-533-