

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90029 012 ***150.00

DOCUMENT # J96358

1. Entity Name

GRIFFITH ENTERPRISES, INC.



Principal Place of Business

18195 WATERBIRD PL
CRYSTAL RIVER FL 34429

Mailing Address

18195 WATERBIRD PL
CRYSTAL RIVER FL 34429

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2847550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFITH, WILLIAM
18195 WATERBIRD PL
CRYSTAL RIVER FL 34429

Name **GRIFFITH, WILLIAM C SR**

Street Address (P.O. Box Number is Not Acceptable)

1819 S. WATERBIRD PT

City **Crystal River**

FL

Zip Code **34429**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GRIFFITH, WILLIAM JR**
STREET ADDRESS **1819 S WATERBIRD PT**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **D** ☐ Delete
NAME **GRIFFITH, WILLIAM C JR**
STREET ADDRESS **1819 S WATERBIRD PL**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **GRIFFITH, WILLIAM C. SR.**
STREET ADDRESS **1819 S WATERBIRD PT**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34429**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **William C Griffith Sr** **William C. Griffith Sr** **1/27/06** **352**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **422 0136**