## 2004 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT Apr 23, 2004 08:00 AM Secretary of State DOCUMENT # L07851 GRIFFITH MORRIS GROUP, INC. Principal Place of Business Mailing Address 6106 JO ANN CT 6106 JO ANN CT SPRING HILL, FL 34609 SPRING HILL, FL 34609 01132004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2977288 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRIFFITH, WINSTON F DO NOT WRITE 6106 JO ANN CT SPRING, FL 34609 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. Signature, lyped or printed name of registered agent and title if applicable (NCTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PSD TITLE GRIFFITH, WINSTON F NAME STREET ADDRESS 6106 JOANN CT SPRING HILL, FL CITY-ST-ZIP U00000126851 04/23/04-80051-002 150.00 DT THE MORRIS, LORNA Y NAME STREET ADDRESS 6106 JOANN CT CITY-SI-ZIP SPRING HILL, FL IIILE NAME GRIFFITH, RODNEY W. STREET ADDRESS 6106 JOANN CT DO NOT WRITE CITY-ST-ZIP SPRING HILL, FL TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS