2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L38414

1. Entity Name
TIM GRIFFIN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
23505 SW 202 AVE	23505 SW 202 AVE
HOMESTEAD, FL 33031	HOMESTEAD, FL 33031

DO NOT WRITE IN THIS SPACE

01242006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0167776	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, TIMOTHY
23505 SW 202 AVE
HOMESTEAD, FL 33031

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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**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000415734 02/11/06 80091-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRIFFIN, TIMOTHY
STREET ADDRESS	23505 SW 202 AVE
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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 (V) _Timothy W. M_   1-27-06   305-247-5126

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