2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# L42622

Entity Name: GRIFFIN MARINE ASSOCIATES INC.

Current Principal Place of Business:

4291 PINE ISLAND RD
P.O. BOX 681
MATLACHA, FL 339930681

New Principal Place of Business:

4291 PINE ISLAND RD
MATLACHA, FL 339930681

Current Mailing Address:

4291 PINE ISLAND RD
P.O. BOX 681
MATLACHA, FL 339930681

New Mailing Address:

FEI Number: 65-0142562 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUEHL, TIMOTHY J
5400 PINE ISLAND RD
SUITE D
BOKEELIA, FL 33922 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: CASEY, MAUREEN
Address: P.O. BOX 681/4291 PINE ISLAND ROAD
City-St-Zip: MATLACHA, FL

Title: VPT ( ) Delete
Name: SCHOLL, THERESA
Address: P.O. BOX 681/4291 PINE ISLAND RD
City-St-Zip: MATLACHA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA SCHOLL VPT 03/09/2009

Electronic Signature of Signing Officer or Director — Date