

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L60778

1. Entity Name
MICHAEL J. GRIFFITH, PA



Principal Place of Business

**C/O MICHAEL J. GRIFFITH
304 E GOVERNMENT ST
PENSACOLA, FL 32502**

Mailing Address

**C/O MICHAEL J. GRIFFITH
304 E GOVERNMENT ST
PENSACOLA, FL 32502**



03042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3006643

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRIFFITH, MICHAEL J.
304 E GOVERNMENT ST
PENSACOLA, FL 32502**

**DO NOT WRITE
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000257165
03/09/05-80044-004 150.00

**FILE NOW!!! FEE IS \$160.00
After May 1, 2005 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRIFFITH, MICHAEL J.
STREET ADDRESS	304 E GOVERNMENT ST
CITY-STATE-ZIP	PENSACOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/05 1850-433-9922