2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L62481

1. Entity Name
THE SECOND GRIFFIN MARINE INC.

Principal Place of Business	Mailing Address
4303 PINE ISLAND ROAD MATLACHA, FL 33909	P.O. BOX 681 MATLACHA, FL 33993-0681

DO NOT WRITE IN THIS SPACE

04162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0190553
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000126372
04/23/04-80031-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASEY, MAUREEN
STREET ADDRESS	4303 PINE ISLAND ROAD
CITY-ST-ZIP	MATLACHA, FL 33909
TITLE	VPT
NAME	SCHOLL, THERESA
STREET ADDRESS	3912 CHERRY LANE
CITY-ST-ZIP	ST. JAMES CITY, FL 32956
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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: Maureen Casey MAUREEN CASEY April 20 2004 2392830680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #