

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # L62481

1. Entity Name
THE SECOND GRIFFIN MARINE INC.



Principal Place of Business
**4303 PINE ISLAND ROAD
MATLACHA, FL 33909**

Mailing Address
**P.O. BOX 681
MATLACHA, FL 33993-0681**

DO NOT WRITE IN THIS SPACE



03082005 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**

**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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

UN00000262333
03/14/05-80050-001 150.00

**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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theresa Scholl
03/08/05

Date

Daytime Phone # _____