


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90055 012 ****61.25

DOCUMENT # N97000001408			
1. Entity Name GRIFFWOOD CO-OP, INC.			
Principal Place of Business 03896 PICCIOLA RD #214 FRUITLAND PARK, FL 34731 US		Mailing Address PO BOX 492228 LEESBURG, FL 34749 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <i>Remove #214</i>		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NEWMAN, RICHARD P 1000 W. MAIN ST. LEESBURG, FL 34748		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOFFARD, MARK <input type="checkbox"/> Delete 03896 PICCIOLA ROAD #622 FRUITLAND PARK, FL 34731	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>03896 PICCIOLA RD # 241</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PEARSON, NELSON <input checked="" type="checkbox"/> Delete 03896 PICCIOLA ROAD 551 FRUITLAND PARK, FL 34731	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>DS LAMANNA, JUSTIN 03896 PICCIOLA ROAD # 432 FRUITLAND PARK FL 34731</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SMITH, CLARENCE <input type="checkbox"/> Delete 03896 PICCIOLA ROAD #440 FRUITLAND PARK, FL 34731	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEWERT, BERNARD <input checked="" type="checkbox"/> Delete 03896 PICCIOLA ROAD #251 FRUITLAND PARK, FL 34731	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D FRAZER, PAUL 03896 PICCIOLA RD # 522 FRUITLAND PARK FL 34731</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTER, FRANK <input type="checkbox"/> Delete 03896 PICCIOLA ROAD #642 FRUITLAND PARK, FL 34731	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>VD</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMAS, CHARLES <input checked="" type="checkbox"/> Delete 03896 PICCIOLA ROAD #631 FRUITLAND PARK, FL 34731	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D BIGGESTAFF, HILDA L. 03896 PICCIOLA RD # 153 FRUITLAND PARK FL 34731</i>
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 617, 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: <i>Mark Hoffard President</i> MARK HOFFARD		Date: <i>2-18-04</i> 787-6156	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	