


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90094 025 ****61.25

DOCUMENT # N97000001408					
1. Entity Name GRIFFWOOD CO-OP, INC.					
Principal Place of Business 03896 PICCIOLA RD 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.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3439600	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOFFARD, MARK		NAME		
STREET ADDRESS	03896 PICCIOLA RD., #241		STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK FL 34731		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMANNA, JUSTIN		NAME		
STREET ADDRESS	03896 PICCIOLA RD., #432		STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK FL 34731		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, CLARENCE		NAME		
STREET ADDRESS	03896 PICCIOLA ROAD #440		STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK FL 34731		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRAZER, PAUL		NAME		
STREET ADDRESS	03896 PICCIOLA RD., #522		STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK FL 34731		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POTTER, FRANK		NAME		
STREET ADDRESS	03896 PICCIOLA ROAD #642		STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK FL 34731		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BIGGERSTAFF, HILDA L		NAME	VD CHARLES THOMAS	
STREET ADDRESS	03896 PICCIOLA RD., #153		STREET ADDRESS	03896-PICCIOLA RD. # 631	
CITY-ST-ZIP	FRUITLAND PARK FL 34731		CITY-ST-ZIP	FRUITLAND PARK, FL. 34731	



1st MOORE CR2E037 (10/04)

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: *Mark Hoffard* President 3-8-05 352-787-6156
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #