


# 2007 NOT-FOR-PROFIT CORPORATION -AMENDED ANNUAL REPORT

<b>DOCUMENT # N97000001408</b> 1. Entity Name <b>GRIFFWOOD CO-OP, INC.</b>	
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FILED

07 JUN 26 AM 7:05

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 03896 PICCIOLA RD FRUITLAND PARK, FL 34731 US	Mailing Address PO BOX 492228 LEESBURG, FL 34749 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05312007 Chg-NP CR2E037 (12/06)

City & State	City & State	4. FEI Number <b>59-3439600</b>	Applied For Not Applicable
*Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  NEWMAN, RICHARD P 1000 W. MAIN ST. LEESBURG, FL 34748	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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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 RD., #241 FRUITLAND PARK, FL 34731	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KNIGHTON, ELI NORMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 03896 PICCIOLA RD # 622 FRUITLAND PARK FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP THOMAS, CHARLES E <input checked="" type="checkbox"/> Delete 03896 PICCIOLA RD #631 FRUITLAND PARK, FL 34731	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BIGGERSTAFF, HILDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 03896 PICCIOLA RD # 153 FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS SMITH, CLARENCE <input type="checkbox"/> Delete 03896 PICCIOLA ROAD #440 FRUITLAND PARK, FL 34731	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT 100105407701 07/03/07--01050--011 **\$61.25
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	D HARRIS, EDWARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 03896 PICCIOLA RD # 252 FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, DELMAR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 03896 PICCIOLA RD # 511 FRUITLAND PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, MARGARET <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 03896 PICCIOLA RD # 634 FRUITLAND PARK FL 34731

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **MARK HOFFARD** 6-18-07 352-787-2700  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

26/27