

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000001164

Entity Name: GRIFFIN MITCHELL, INC.

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

1103 TECH DR.
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

1103 TECH DR.
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-3620056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, GRIFFIN L
1103 TECH DR.
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MITCHELL, GRIFFIN L
Address: 1103 TECH DR.
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: MITCHELL, SUSAN M
Address: 1103 TECH DR.
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: CHRISTENSEN, EVAN A
Address: 4715 GRANT'S MILL DR.
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: BECKER, GEOFFREY P.R.
Address: 2480 PALE TIGER COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: CHRISTENSEN, JENNIFER M
Address: 4715 GRANT'S MILL DR.
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: CAMRON BECKER, JILL
Address: 2480 PALE TIGER COURT.
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRIFFIN L. MITCHELL

PRES

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date