

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P00000033674

1. Entity Name  
EGAN GRIFFITHS ENTERPRISES, INC.



Principal Place of Business  
19583 SEMINOLE STREET  
SUGARLOAF KEY, FL 33042

Mailing Address  
19583 SEMINOLE STREET  
SUGARLOAF KEY, FL 33042

**DO NOT WRITE IN THIS SPACE**

**FILED  
May 10, 2006 8:00 am  
Secretary of State**

05-10-2006 90090 017 \*\*\*150.00

**60037334**



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1002464	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GRIFFITHS, HEATHER  
19583 SEMINOLE STREET  
SUGARLOAF KEY, FL 33042

**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 Heather Griffiths

4-27-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME GRIFFITH, HEATHER S  
STREET ADDRESS 19583 SEMINOLE STREET  
CITY-ST-ZIP SUGARLOAF KEY, FL 33042

TITLE VP  
NAME Nicholas Egan  
STREET ADDRESS 19583 Seminole Street  
CITY-ST-ZIP Sugarloaf Key, FL 33042

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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: Heather Griffiths Heather Griffiths

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06

305-296-8269

Date

Daytime Phone #