

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90098 031 ***150.00

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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**



04292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1002464

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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 S. Griffiths

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

(NOTE: Registered Agent signature required when reinstating)

4/30/2007

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 **EGAN, NICHOLAS**
STREET ADDRESS **19583 SEMINOLE ST**
CITY-ST-ZIP **SUGARLOAF KEY, FL 33042**

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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 S. Griffiths

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 305-296-8265

Date

Daytime Phone #