

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

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



04282008 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 <input type="checkbox"/>	\$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 Griffiths Heather Griffiths 4/21/2008
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000342868
05/29/08-80033-020 150.00

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 4/21/2008 305 296 8269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #