

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90333 033 \*\*\*150.00

**DOCUMENT # P0100074981**

1. Entity Name  
**JOHN GRIFFITH & ASSOCIATES, INC.**



Principal Place of Business  
~~C/O JAMES L. KARL, II, ESQ.~~  
~~975 N. COLLIER BLVD.~~  
~~MARCO ISLAND, FL 34145~~  
**5313 WARREN ST**

Mailing Address  
**C/O JAMES L. KARL, II, ESQ.**  
**975 N. COLLIER BLVD.**  
**MARCO ISLAND, FL 34145**

**50039867**



2. Principal Place of Business  
**JOHN GRIFFITH & ASSOCIATES**

3. Mailing Address  
**5313 WARREN ST**

Suite, Apt. #, etc.

04102005 Chg-P CR2E034 (10/03)

City & State  
**NAPLES FL**

City & State  
**NAPLES FL**

Zip  
**34113**

Country  
**US**

4. FEI Number  
**59-3743245**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MARETTA, ROBIN**  
**975 N. COLLIER BLVD.**  
**MARCO ISLAND, FL 34145**

7. Name and Address of New Registered Agent  
 Name  
**JOHN GRIFFITH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5313 WARREN ST**  
 City  
**NAPLES** FL Zip Code  
**34113**

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 **JOHN GRIFFITH** DATE **4/11/05**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFITH, JOHN E SR	
STREET ADDRESS	5313 WARREN ST.	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLACKBURN, E B	
STREET ADDRESS	5313 WARREN ST.	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAYLOR, ROBERT	
STREET ADDRESS	5313 WARREN ST.	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), 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: **JOHN GRIFFITH** DATE: **4/11/05** DAYTIME PHONE: **494-3388**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #