


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-20-2005 90333 033 ***150.00

DOCUMENT # P01000074981		
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
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2. Principal Place of Business JOHN GRIFFITH & ASSOCIATES, INC.	3. Mailing Address 5313 WARREN ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES FL	City & State NAPLES FL
Zip 34113	Country US

6. Name and Address of Current Registered Agent MARETTA, ROBIN 975 N. COLLIER BLVD. MARCO ISLAND, FL 34145	
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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	
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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 <i>John Griffith</i>		DATE 4/11/05
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIFFITH, JOHN E SR 5313 WARREN ST. NAPLES, FL 34113 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BLACKBURN, E B 5313 WARREN ST. NAPLES, FL 34113 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TAYLOR, ROBERT 5313 WARREN ST. NAPLES, FL 34113 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 <i>John Griffith</i>	Date 4/11/05	Daytime Phone # 494-3388
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50039867



04102005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3743245	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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