


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90043 018 ***158.75

DOCUMENT # P01000094311	
1. Entity Name THE GRIFFIN GROUP OF NAPLES, INCORPORATED	

Principal Place of Business 505 WHISPERING PINE LN NAPLES FL 34103	Mailing Address 505 WHISPERING PINE LN NAPLES FL 34103
---	---

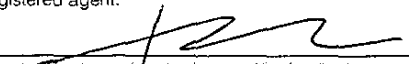
2. Principal Place of Business 295 GRAMMIE WAY Suite, Apt. #, etc. APT 1101 City & State NAPLES, FL Zip 34110 Country USA	3. Mailing Address 295 GRAMMIE WAY Suite, Apt. #, etc. APT 1101 City & State NAPLES, FL Zip 34110 Country USA
---	---



MOORE CR2E034 (11/03)

4. FEI Number 59-3742425	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFIN, PATRICK 505 WHISPERING PINE LN NAPLES FL 34103	
7. Name and Address of New Registered Agent Name: PATRICK GRIFFIN Street Address (P.O. Box Number is Not Acceptable) 295 GRAMMIE WAY APT 1101 City: NAPLES FL Zip Code: 34110	

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 

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE PRES. / DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRIFFIN, PATRICK		NAME	
STREET ADDRESS 505 WHISPERING PINE LN		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34103		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE SEC. / DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRIFFIN, RUTH		NAME	
STREET ADDRESS 505 WHISPERING PINE LN		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34103		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRIFFIN, SEAN M.		NAME	
STREET ADDRESS 505 WHISPERING PINE LN		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34103		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRIFFIN, CONAN W.		NAME	
STREET ADDRESS 505 WHISPERING PINE LN		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34103		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRIFFIN, KEEGAN M		NAME	
STREET ADDRESS 505 WHISPERING PINE LN		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34103		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRIFFIN, BRRETTA C		NAME	
STREET ADDRESS 505 WHISPERING PINE LN		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34103		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(3)(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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/04

239

596 0575