

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 Mailing Address
505 WHISPERING PINE LN **505 WHISPERING PINE LN**
NAPLES FL 34103 **NAPLES FL 34103**

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



MOORE CR2E034 (11/03)

4. FEI Number **59-3742425** Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 GRANDE WAY APT 1101
 City **NAPLES** State **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  DATE **2/25/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. **\$5.00** May Be Added to Fees

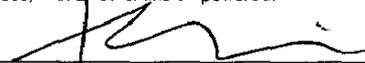
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRIFFIN, PATRICK	
STREET ADDRESS	505 WHISPERING PINE LN	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRIFFIN, RUTH	
STREET ADDRESS	505 WHISPERING PINE LN	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRIFFIN, SEAN M.	
STREET ADDRESS	505 WHISPERING PINE LN	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, CONAN W	
STREET ADDRESS	505 WHISPERING PINE LN	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, KEEGAN M	
STREET ADDRESS	505 WHISPERING PINE LN	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, BRETТА C	
STREET ADDRESS	505 WHISPERING PINE LN	
CITY-ST-ZIP	NAPLES FL 34103	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES / DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC / DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIR	<input checked="" 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(3)(f), 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:  DATE **2/25/04** DAYTIME PHONE # **239 596 0575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR