


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State


02-20-2007 90046 005 ***150.00

DOCUMENT # P02000022686 1. Entity Name AMERICAN LATHING OF NORTH FLORIDA INC	
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Principal Place of Business 326 FERN STREET SAN MATEO, FL 32187	Mailing Address PO BOX 864 EAST PALATKA, FL 32131
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DO NOT WRITE IN THIS SPACE

40001777



02152007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3606531	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

GRIFFIN, DOMINIQUE
326 FERN STREET
SAN MATEO, FL 32187

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P GRIFFIN, DOMINIQUE PO BOX 864 EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRIFFIN, DAVID PO BOX 864 EAST PALATKA, FL 32131
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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: Dominique Griffin 2/14/07 386 325-3499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Dominique Griffin