


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000077262 1. Entity Name GRYPHON MCKENSIE INC.	
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Principal Place of Business 700 COUNTRY CLUB DRIVE LARGO, FL 33771	Mailing Address 700 COUNTRY CLUB DRIVE LARGO, FL 33771
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2286050	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 JONES, MATTHEW 700 COUNTRY CLUB DRIVE LARGO, FL 33771	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, MATTHEW 700 COUNTRY CLUB DRIVE LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, MICHAEL 700 COUNTRY CLUB DRIVE LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, SAMUEL 700 COUNTRY CLUB DRIVE LARGO, FL 33771
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/13/04-80007-019 450.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied in 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 of the corporation, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address change.

SIGNATURE: <u>MOB</u> <small>SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>MIKE JONES</u> <small>NAME</small>	<u>7/7/04</u> <small>Date</small>	<u>127524-1111</u> <small>Daytime Phone #</small>
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