

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90206 045 ***150.00

DOCUMENT # P02000089475					
1. Entity Name DONNA GRIFFIN PLAZA, INC.					
Principal Place of Business 5726 HALF MOON LAKE TAMPA, FL 33625			Mailing Address 5726 HALF MOON LAKE TAMPA, FL 33625		
2. Principal Place of Business 4710 PLATT RD		3. Mailing Address 4710 PLATT RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PLANT CITY, FL		City & State PLANT CITY, FL		4. FEI Number 51-0418740	
Zip 33565		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFIN, DONNA 5726 HALF MOON LAKE TAMPA, FL 33625			7. Name and Address of New Registered Agent Name: GRIFFIN, DONNA Street Address (P.O. Box Number is Not Acceptable): 4710 PLATT RD City: PLANT CITY, FL FL Zip Code: 33565		
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: <u>Donna Griffin</u> DATE: <u>5/10/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GRIFFIN, DONNA 5726 HALF MOON LAKE TAMPA, FL 33625		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Griffin, Robert 7920 N Armenia Ave Tampa FL 33604	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SMALL, WILLIAM 5726 HALF MOON LAKE TAMPA, FL 33625		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Griffin, Robert 7920 N Armenia Ave Tampa FL 33604	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	
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: <u>Donna Griffin</u>			DATE: <u>5/10/04</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		