

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90426 037 ***150.00

DOCUMENT # P03000102656

1. Entity Name
GRIFFIN BOOKKEEPING & TAX SERVICE, INC.



Principal Place of Business
**128 E ORANGE AVE
LAKE WALES, FL 33853**

Mailing Address
**PO BOX 2382
LAKE WALES, FL 33859**

50018138



2. Principal Place of Business
934 SE Rd 60E
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04272006 Chg-P CR2E034 (11/05)

City & State
Lake Wales FL
Zip
33853

City & State
Zip
POLK

4. FEI Number
56-2392954
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRIFFIN, PHILLIP W
128 E ORANGE AVE
LAKE WALES, FL 33853**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Carolyn Sue Griffin VP* DATE *4/27/06*
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | GRIFFIN, PHILLIP W | |
| STREET ADDRESS | PO BOX 2382 | |
| CITY - ST - ZIP | LAKE WALES, FL 33859 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | GRIFFIN, CAROLYN SUE | |
| STREET ADDRESS | PO BOX 2382 | |
| CITY - ST - ZIP | LAKE WALES, FL 33859 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | TALMADGE, RHONDA | |
| STREET ADDRESS | 125 E PARK AVE | |
| CITY - ST - ZIP | LAKE WALES, FL 33853 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY - ST - ZIP | |
| TITLE | <input 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 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: *Carolyn Sue Griffin VP* DATE *4-26-06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR