## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 18, 2007 8:00 am Secretary of State

01-18-2007 90112 018 \*\*\*150.00

DOCUMENT # P03000102656  1. Entity Name GRIFFIN BOOKKEEPING & TAX SERVICE, INC.					01-18-2007 90	0112 018 ***1	150.00	
Principal Plac	ce of Business	Mailing Address		7	60002	ana		
934 ST RD 60 E PO BOX 2382 LAKE WALES, FL 33853 LAKE WALES, FL 33859			9					
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			PRINCE OF THE PR	ist Malt detta Mara mun	mertit mittant et idit	
Suite, Apr. w. etc.		Julie, Apr. #, 616.		01152007	Chg-P	CR2E034 (12	2/06)	
City & Sta	te	City & State		4. FEI Numb 56-239			Applied For Not Applicable	
Zip	Country	Zip	Country		of Status Desired		5 Additional equired	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	legistered Agent		
GRIFFIN	PHILLIP W	Name				• •		
GRIFFIN, PHILLIP W			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
934 State Rd 60 East / P O Box 2382 Lake Wales, FL 33859-2382						<del> </del>		
		, pages at each sec	City			<b>r</b> Zia	D Code	
The above named entity submits this statement for the purpose of changing its reg					the in the Charles of Fig.	rL		
the obligat	tions of registered agent.	or the purpose of changing its	registered office of regis	tered agent, or bo	in, in the State of Fic	onda. I am tamilar	win, and accept	
, SIGNATURE.						· ·		
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered Agent signature requ	red when reinstating)		DATE		
	E NOW!!! FEE (S \$150.00	9. Election Campai	on Financing \$	5.00 May Be	•			
Atter M	ay 1, 2007 Fee will be \$550.			dded to Fees				
After M	ay 1, 2007 Fee will be \$550.  OFFICERS AND	OO Trust Fund Contr		dded to Fees	CHANGES TO OFFI	ICERS AND DIREC	CTORS IN 11	
10. TITLE	OFFICERS AND	OO Trust Fund Contr	11.	dded to Fees	CHANGES TO OFFI	ICERS AND DIREC		
10.	OFFICERS AND	ODIRECTORS	ibution. A	dded to Fees	CHANGES TO OFFI			
10. TITLE NAME	OFFICERS AND PD GRIFFIN, PHILLIP W	ODIRECTORS	11. TITLE NAME	dded to Fees	CHANGES TO OFFI			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PD GRIFFIN, PHILLIP W PO BOX 2382 LAKE WALES, FL 33859 VD	ODIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	dded to Fees	CHANGES TO OFFI		nange 🔲 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD GRIFFIN, PHILLIP W PO BOX 2382 LAKE WALES, FL 33859	Trust Fund Contr	Title NAME STREET ADDRESS CITY-ST-ZIP	dded to Fees	CHANGES TO OFFI	_ Ch	nange 🔲 Addition	
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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: