


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90015 043 ***150.00

DOCUMENT # P04000072454 1. Entity Name BUDDY GRIFFIN'S HOME SERVICES, INC.					
Principal Place of Business — 2723 POINSETTIA AVE. MIDDLEBURG, FL 32068			Mailing Address 2723 POINSETTIA AVE. MIDDLEBURG, FL 32068		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1094675	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LAYE, L B JR NORTH FLORIDA MANAGEMENT SYSTEMS, INC. 795-C BLANDING BLVD. ORANGE PARK, FL 32065				7. Name and Address of New Registered Agent Name Charles R. Griffin Street Address (P.O. Box Number is Not Acceptable) 2723 Poinsettia Ave. City Middleburg FL Zip Code 32068	
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>Charles R. Griffin / Director</u> DATE <u>7/09/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		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	D GRIFFIN, CHARLES R 2723 POINSETTIA AVE. MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 duly empowered.					
SIGNATURE: <u>Charles R. Griffin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7/09/08</u> Daytime Phone # <u>904 9931620</u>		

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