

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000141320

1. Entity Name

~~KYLE GRIFFIN INC~~

Kyle Griffin PT Services, Inc.



FILED

Apr 28, 2005 8:00 A.M.  
Secretary of State

Principal Place of Business

3233 ALBERT DR.  
TALLAHASSEE FL 32309

Mailing Address

3233 ALBERT DR.  
TALLAHASSEE FL 32309

2. Principal Place of Business

3233 Albert Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 12874

Suite, Apt. #, etc.

TALLAHASSEE, FL



1st MOORE

CR2E034 (10/04)

City & State

Tallahassee FL

Zip  
32309

Country  
USA

City & State

Tallahassee FL

Zip  
32317

Country  
USA

4. FEI Number

20-1747503

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BENFIELD, RON  
58 SIOUX CIRCLE  
HAVANA FL 32333

7. Name and Address of New Registered Agent

Name Kyle Griffin

Street Address (P.O. Box Number is Not Acceptable)

3233 Albert Dr.

City Tallahassee

FL

Zip Code  
32309

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

*Kyle Griffin*

Signature, typed or printed name of registered agent as applicable

(NOTE: Registered Agent signature required when reuniting)

4/29/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME GRIFFIN, KYLE  
STREET ADDRESS 3233 ALBERT DR.  
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE V ☒ Delete  
NAME WALKER, JAMES  
STREET ADDRESS 3233 ALBERT DR.  
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 300054202289  
STREET ADDRESS 05/10/05--01034--006 \*\*158.75  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Kyle Griffin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

DATE

Daytime Phone #