

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

07-13-2005 90019 006 ***150.00

| | | | | | |
|---|--|--|--|--|--|
| DOCUMENT # P04000147407 1. Entity Name JIM GRIGGS ALUMINUM CONSTRUCTION, INC. | | | |  | |
| Principal Place of Business 1011 JENKINS RD. FT. PIERCE, FL 34947-1547 | | | Mailing Address 1011 JENKINS RD. FT. PIERCE, FL 34947-1547 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 4. FEI Number 201939747 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 58032005 Chg-P CR2E034 (10/03) | | | |  | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| GRIGGS, JAMES 1011 JENKINS RD. FT. PIERCE, FL 34947-1547 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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  <small>Signature, typed or printed name of registered agent and agent applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | DATE 8/5/05 | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 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 | PST GRIGGS, JAMES 1011 JENKINS RD. FT. PIERCE, FL 349471547 | | <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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE 8/5/05 (112) 519.3595 <small>Date Daytime Phone #</small> | | |

ATTACHMENT

Fort Pierce, FL August 6th, 2005

66025739
P04000147407

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

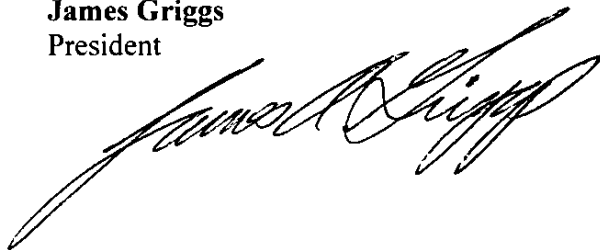
I'm writing this letter to this honorable department because I did not receive the Annual Business Report 2005.

Was not my intention to be default with the State of Florida, which I honor and respect. I'm on the disaster president declared area, which last year we're strike by four hurricanes and I still trying to recovery from it. However I come before this department asking please to waive the \$ 400,00 penalty.

Thank you for your consideration and concern regarding this matter and if you have any question do not hesitate to contact me.

Sincerely yours,

James Griggs
President

A handwritten signature in black ink, appearing to read 'James Griggs', written in a cursive style.