


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000173551
 1. Entity Name
 CINDY LOU GRIFFIN, P.A.



Principal Place of Business 31493 WARNER ST BIG PINE KEY, FL 33043	Mailing Address 31493 WARNER ST BIG PINE KEY, FL 33043
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DO NOT WRITE IN THIS SPACE



05162007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2151644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GRIFFIN, CINDY L
 31493 WARNER ST
 BIG PINE KEY, FL 33043

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFIN, CINDY L 31493 WARNER ST BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, PATRICK A 31493 WARNER ST BIG PINE KEY, FL 33043
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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 like empowered.

SIGNATURE: _____ DATE: 6/18/07 DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR