


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 30, 2008 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
**31493 WARNER ST**                      **31493 WARNER ST**  
**BIG PINE KEY, FL 33043**              **BIG PINE KEY, FL 33043**

**DO NOT WRITE IN THIS SPACE**



02262008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**20-2151644**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

~~06/04/08-80093-004 550.00~~  
 U00000952728  
 06/04/08-80093-004 550.00

**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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**DO NOT WRITE IN THIS SPACE**

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:**  **PATRICK A. GRIFFIN**    **08 MAR 08**    **306 872 0533**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #