

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90058 047 ***150.00

DOCUMENT # P05000023490 1. Entity Name GRIFFIN UTILITY SERVICES INC.			
Principal Place of Business 775 EASTPORT ROAD JACKSONVILLE, FL 32218-3915 US		Mailing Address 775 EASTPORT ROAD JACKSONVILLE, FL 32218-3915 US	
2. Principal Place of Business - No P.O. Box # 54131 BEA ROAD Suite, Apt. #, etc.		3. Mailing Address 54131 BEA ROAD Suite, Apt. #, etc.	
City & State CALLAHAN, FL Zip 320115901		City & State CALLAHAN, FL Zip 320115901	
Country USA		Country USA	
4. FEI Number 20-2357641		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFIN, SCOTT E. 775 EASTPORT ROAD JACKSONVILLE, FL 32218-3915		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 54131 BEA ROAD CALLAHAN, FL Zip Code 32011-5901	
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 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS GRIFFIN, SCOTT E 775 EASTPORT ROAD JACKSONVILLE, FL 322183915	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	54131 BEA ROAD CALLAHAN, FL 32011-5901	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Scott E. Griffin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SCOTT E. GRIFFIN 4/30/07 (904) 509-2319 Date Daytime Phone #	