


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90041 037 ***150.00

DOCUMENT # P05000104917 1. Entity Name TROY GRIFFITH WOOD FLOORING, INC					
Principal Place of Business 6767 HICKORY HAMMOCK CIR BRADENTON, FL 34202 US			Mailing Address 6767 HICKORY HAMMOCK CIR BRADENTON, FL 34202 US		
2. Principal Place of Business - No P.O. Box # 4736 SPINNAKER DR Suite, Apt. #, etc.		3. Mailing Address 4736 SPINNAKER DR Suite, Apt. #, etc.			
City & State BRADENTON FLORIDA Zip 34208		City & State BRADENTON FLORIDA Zip 34208		4. FEI Number 20-3266349	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFITH, TROY A 6767 HICKORY HAMMOCK CIR BRADENTON, FL 34202				7. Name and Address of New Registered Agent Name GRIFFITH, TROY A Street Address (P.O. Box Number is Not Acceptable) 4736 SPINNAKER DR City BRADENTON FL Zip Code 34208	
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, 2008 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	P GRIFFITH, TROY A 6767 HICKORY HAMMOCK CIR BRADENTON, FL 34202 <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: <u>Troy Griffith</u> <u>Troy Griffith</u> <u>4-28-08</u> <u>941-524-2592</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40103103



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