

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000057646

FILED  
Mar 07, 2007  
Secretary of State

Entity Name: HTIFFIRG & GRIFFITH, INC.

## Current Principal Place of Business:

2589 N.PINECONE AVE.  
LECANTO, FL 34461 US

## New Principal Place of Business:

## Current Mailing Address:

2589 N.PINECONE AVE.  
LECANTO, FL 34461 US

## New Mailing Address:

FEI Number: 20-4746571

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRIFFITH, DANIEL  
2589 N.PINECONE AVE.  
LECANTO, FL 34461 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: GRIFFITH, DANIEL  
Address: 2589 N.PINECONE AVE.  
City-St-Zip: LECANTO, FL 34461 US

Title: VP ( ) Delete  
Name: GRIFFITH, TERRI  
Address: 2589 N.PINECONE AVE.  
City-St-Zip: LECANTO, FL 34461 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL GRIFFITH

PSTD

03/07/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date