

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000002375

Entity Name: GRIFF'S HOUSE, INC

FILED  
Aug 19, 2008  
Secretary of State

**Current Principal Place of Business:**

5190 NW 167TH ST.  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

913 EASTWOOD DR.  
TAMPA, FL 33511

**Current Mailing Address:**

PO BOX 4053  
MIAMI LAKES, FL 33014

**New Mailing Address:**

913 EASTWOOD DR.  
TAMPA, FL 33511

FEI Number: 20-8152172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRIFFITH, EVELYN  
913 EASTWOOD DRIVE  
BRANDON, FL 33511 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GRIFFITH, ROBERT  
Address: 5190 NW 167TH ST.  
City-St-Zip: MIAMI LAKES, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GRIFFITH, ROBERT  
Address: 913 EASTWOOD DR.  
City-St-Zip: TAMPA, FL 33511

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT GRIFFITH

P

08/19/2008

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

\_\_\_\_\_ Date