

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P95000034592**

1. Entity Name

J.T. MCGRUFF & ASSOCIATES, INC.



Principal Place of Business

3859 SW 91ST DRIVE  
GAINESVILLE, FL 32608 US

Mailing Address

P.O. BOX 357249  
GAINESVILLE, FL 32635-7249 US

**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3316438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCGRUFF, JOHN T  
3859 SW 91ST DRIVE  
GAINESVILLE, FL 32608

**DO NOT WRITE  
IN THIS SPACE**

8. The above  
the obligor

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

SIGNATURE

*John T. McGruff* JOHN T. MCGRUFF

4/2/07

typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCGRUFF, JOHN T
STREET ADDRESS	3859 SW 91ST DRIVE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	D
NAME	MCGRUFF, ELIZABETH D
STREET ADDRESS	3859 SW 91ST DRIVE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/07-80029-017 150.00

**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:

*John T. McGruff* JOHN T. MCGRUFF 4/2/07 352-332-3878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #