

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000088335

1. Entity Name
GRYPHUS MANAGEMENT, INC.



Principal Place of Business
**P.O. BOX 1329
SARASOTA, FL 34230 US**

Mailing Address
**P.O. BOX 1329
SARASOTA, FL 34230 US**



04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0626388

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCGINNESS, LEE W
1800 SECOND ST STE 971
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------------------|
| TITLE | DPT |
| NAME | GRIFFIN WILLIAM D. |
| STREET ADDRESS | 1924 S. OSPREY AVE, SUITE 200 |
| CITY - ST - ZIP | SARASOTA, FL 34239 |

| | |
|-----------------|-------------------------------|
| TITLE | V |
| NAME | GRIFFIN, CARLA T |
| STREET ADDRESS | 1924 S. OSPREY AVE, SUITE 200 |
| CITY - ST - ZIP | SARASOTA, FL 34239 |

| | |
|-----------------|---------------------------|
| TITLE | VS |
| NAME | SALSER, RANDAL D |
| STREET ADDRESS | 1924 S OSPREY AVE STE 200 |
| CITY - ST - ZIP | SARASOTA, FL 34239 |

| | |
|-----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

U000000154016
05/04/04-80150-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Randy S. Sabec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

Date

Daytime Phone #

941-316-6827