# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 22, 2009**
**Secretary of State**

DOCUMENT# P95000088335

**Entity Name:** GRYPHUS MANAGEMENT, INC.

**Current Principal Place of Business:**

P.O. BOX 1329
SARASOTA, FL 34230 US

**New Principal Place of Business:**

1924 S OSPREY AVE
SUITE 202
SARASOTA, FL 34239 US

**Current Mailing Address:**

P.O. BOX 1329
SARASOTA, FL 34230 US

**New Mailing Address:**

**FEI Number: 65-0626388** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MCGINNESS, LEE W
1800 SECOND ST STE 971
SARASOTA, FL 34236 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: DPT ( ) Delete
Name: GRIFFIN WILLIAM D.
Address: 1924 S. OSPREY AVE, SUITE 200
City-St-Zip: SARASOTA, FL 34239

Title: V (X) Delete
Name: GRIFFIN, CARLA T
Address: 1924 S. OSPREY AVE, SUITE 200
City-St-Zip: SARASOTA, FL 34239

Title: VS ( ) Delete
Name: GRIFFIN, JOHN F
Address: 1924 S. OSPREY AVE. STE. 200
City-St-Zip: SARASOTA, FL 34239

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

Title: DPT (X) Change ( ) Addition
Name: GRIFFIN, WILLIAM D
Address: 1924 S OSPREY AVE, SUITE 202
City-St-Zip: SARASOTA, FL 34239

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

Title: VS (X) Change ( ) Addition
Name: GRIFFIN, JOHN-FORD
Address: 1924 S OSPREY AVE, SUITE 202
City-St-Zip: SARASOTA, FL 34239

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: WILLIAM D. GRIFFIN PRES 04/22/2009

Electronic Signature of Signing Officer or Director Date