


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90045 016 ***158.75

DOCUMENT # P96000031462			
1. Entity Name GRIFFITH & HILLMAN, INC.			
Principal Place of Business 11920 31ST COURT N. ST. PETERSBURG FL 33716 US		Mailing Address 11920 31ST COURT N. ST. PETERSBURG FL 33716 US	
2. Principal Place of Business - No P.O. Box # 4193 114TH TERRACE N.		3. Mailing Address 4193 114TH TERRACE N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CLEARWATER, FL.		City & State CLEARWATER, FL.	
Zip 33762	Country USA	Zip 33762	Country USA
4. FEI Number 59-3372445		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRIFFITH, JAMES 3901 HELENA ST. N.E. ST. PETERSBURG FL 33703		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>James Griffith</i> DATE 2-2-07 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFITH, JAMES 3901 HELENA STREET N.E. ST. PETERSBURG FL 33703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>James Griffith</i> JAMES GRIFFITH <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 2-2-07 DAYTIME PHONE # 727-572-4243	



1st MOORE CR2E034 (10/06)