

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000058405

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: GRIGGS & PLESSAS ARCHITECTS, INC.

## Current Principal Place of Business:

1444 FIRST STREET  
# B  
SARASOTA, FL 34236

## New Principal Place of Business:

10 N. SHARON AVENUE  
HOODSPORT, WA 98548

## Current Mailing Address:

P.O. BOX 280  
HOODSPORT, WA 98548

## New Mailing Address:

FEI Number: 65-0764253      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BALL, CHARLES H ATTORNE  
1444 FIRST STREET  
# B  
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: P ( ) Delete  
Name: PLESSAS, NAN  
Address: P.O. BOX 280  
City-St-Zip: HOODSPORT, WA 98548

Title: VP ( ) Delete  
Name: GRIGGS, CHARLES H  
Address: P.O. BOX 280  
City-St-Zip: HOODSPORT, WA 98548

Title: NA ( ) Delete  
Name: NA, NA  
Address: NA  
City-St-Zip: NA, NA NA

Title: NA ( ) Delete  
Name: NA, NA  
Address: NA  
City-St-Zip: NA, NA NA

Title: NA ( ) Delete  
Name: NA, NA  
Address: NA  
City-St-Zip: NA, NA NA

Title: NA ( ) Delete  
Name: NA, NA  
Address: NA  
City-St-Zip: NA, NA NA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: NAN C PLESSAS

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date