


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000094373
 1. Entity Name
 RANDOLPH-GRIFFIN, INC.



Principal Place of Business Mailing Address
 27771 INDUSTRIAL ST PO BOX 366787
 BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34136



02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3475913 Not Applicable

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

6. Name and Address of Current Registered Agent
 WYNKOOP, JOHN W
 5801 PELICAN BAY BLVD, STE 104
 NAPLES, FL 34108

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WYNKOOP, JOHN W 5801 PELICAN BAY BLVD., STE 104 NAPLES, FL 34108
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 03/23/06-80052-022 150.00

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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 W. Wynkoop* 2/6/06 239-498-7701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #