


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000098089</b> 1. Entity Name <b>TIMOTHY GRIFFITHS ENTERPRISES, INC.</b>	
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Principal Place of Business <b>904 WEST WATERS AVENUE SUITE D TAMPA, FL 33604</b>	Mailing Address <b>904 WEST WATERS AVENUE SUITE D TAMPA, FL 33604</b>
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01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3481407</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>GRIFFITHS, TIMOTHY M 904 WEST WATERS AVENUE SUITE D TAMPA, FL 33604</b>
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**DO NOT WRITE  
IN THIS SPACE**

5. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**U00000158737  
05/10/04-80001-015 300.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPST GRIFFITHS, TIMOTHY M 904 WEST WATERS AVENUE, SUITE D TAMPA, FL 33604</b>
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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:** *Timothy Griffiths*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-04 (813) 932-8907**  
Date Daytime Phone #