


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000098089 1. Entity Name TIMOTHY GRIFFITHS ENTERPRISES, INC.	
----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 904 WEST WATERS AVENUE SUITE D TAMPA, FL 33604	Mailing Address 904 WEST WATERS AVENUE SUITE D TAMPA, FL 33604
-------------------------------------------------------------------------------------	-------------------------------------------------------------------------



01132006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3481407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFITHS, TIMOTHY M
904 WEST WATERS AVENUE
SUITE D
TAMPA, FL 33604

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GRIFFITHS, TIMOTHY M 904 WEST WATERS AVENUE, SUITE D TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000481487
04/11/06-80032-012 300.00

DO NOT WRITE IN THIS SPACE

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: Tim Griffiths **2-1-06 813 9328907**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #