



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000109123			
1. Entity Name GRIFFIN HOLDING COMPANY I, INC.			
Principal Place of Business P.O. BOX 1329 SARASOTA, FL 34230 US	Mailing Address P.O. BOX 1329 SARASOTA, FL 34230 US		
DO NOT WRITE IN THIS SPACE			
		04052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3484411	
		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 MCGINNESS, W. LEE 1800 SECOND ST. SARASOTA, FL 34236		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 _____ (NOTE: Registered Agent signature required when reinstating) 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"/> \$5.00 May Be Added to Fees	
		000000151859 05/04/04-80062-022 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT GRIFFIN, WILLIAM D. 1924 S OSPREY AVENUE, SUITE 200 SARASOTA, FL 34239		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS SALSER, RANDAL D 1924 S. OSPREY AVE. STE. 200 SARASOTA, FL 34239		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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DO NOT WRITE 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: <i>Randy Salsar</i>		4-29-04 941-316-6827	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	