



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000003602</b> 1. Entity Name GRIFFIN HOLDING COMPANY VI, INC.			
Principal Place of Business PO BOX 1329 SARASOTA, FL 34230 US		Mailing Address PO BOX 1329 SARASOTA, FL 34230 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04042005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0804727	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, LEE W 1800 SECOND STREET SARASOTA, FL 34236		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  11000000331668 04/26/05-80025-014 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GRIFFIN, WILLIAM D 1924 S OSPREY AVE., SUITE 200 SARASOTA, FL 34239		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SALSER, RANDAL D 1924 S OSPREY AVE., SUITE 200 SARASOTA, FL 34239		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Randy S. Salsar</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-26-05</u> Daytime Phone # <u>941-366827</u>	