2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUI	MENT	# [>980	000	03602
-------	------	-----	------	-----	-------

Entity Name

GRIFFIN HOLDING COMPANY VI, INC.



Principal Place of Business

Mailing Address

PO BOX 1329

SARASOTA, FL 34230 US

PO 80X 1329

SARASOTA, FL 34230 US

DO NOT WRITE IN THIS SPACE

04112007 No Chg-P

P CR2E034 (11/05)

4. FEI Number 65-0804727

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGINNESS, LEE W 1800 SECOND STREET SARASOTA, FL 34236

SIGNATURE:

DO NOT WRITE IN THIS SPACE

				• • • • • • • • • • • • • • • • • • • •		•
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida I am familiar with, a	and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title t	f applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			, .	·············
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GRIFFIN, WILLIAM D 1924 S OSPREY AVE., SUITE 200 SARASOTA, FL 34239			v :		,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SALSER, RANDAL D 1924 S OSPREY AVE., SUITE 200 SARASOTA, FL 34239				U00000738503 05/11/07-80070-011 15	8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					NOT WRITE	,
NAME STREET ADDRESS CITY+ST+ZIP				liN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						. •
12. I hereby of indicated of the corchanged,	ertify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowers or on an attachmont with an address, with all	ing does not qualify for the exe nd accurate and that my signatu to execute this report as require other like empowered.	mptions con ure shall hav ed by Chapt	tained in Chapter 119 e the same legal effec er 607. Florida Statute), Florida Statutes. I further certify that the infit as if made under oath; that I am an officer of and that my name appears in Block 10 or B	ormation or director Block 11 if

ED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR