## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## May 01, 2008 8:00 am Secretary of State DOCUMENT # P9800003602 05-01-2008 90183 015 \*\*\*150.00 GRIFFIN HOLDING COMPANY VI, INC. Principal Place of Business Mailing Address 60035686 PO BOX 1329 PO BOX 1329 SARASOTA, FL 34230 SARASOTA, FL 34230 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 04012008 CR2E034 (12/06) 4. FEI Number City & State City & State Applied For 65-0804727 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCGINNESS, LEE W Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND STREET SARASOTA, FL 34236 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete Addition TITLE Change NAME GRIFFIN, WILLIAM D NAME STREET ADDRESS 1924 S OSPREY AVE., SUITE 200 STREET ADDRESS CJTY-ST-ZIP SARASOTA, FL 34239 CITY-ST-ZIP TITLE VS 🗹 Delete Change ☐ Addition John Ford Ghiffin 1924 S. Osprey Aug. Ste 200 SALSER, RANDAL D NAME NAME STREET ADDRESS 1924 S OSPREY AVE., SUITE 200 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34239 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver it trustee empowered to effect 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.

FILED