

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90183 015 \*\*\*150.00

**60035686**



04012008 Chg-P CR2E034 (12/06)

|   |                               |   |   |                          |  |      |                               |  |                |                               |  |             |                    |  |  |  |  |       |                         |  |      |                             |  |                |                    |  |             |  |  |
|---|-------------------------------|---|---|--------------------------|--|------|-------------------------------|--|----------------|-------------------------------|--|-------------|--------------------|--|--|--|--|-------|-------------------------|--|------|-----------------------------|--|----------------|--------------------|--|-------------|--|--|
| <b>DOCUMENT # P98000003602</b><br>1. Entity Name<br><b>GRIFFIN HOLDING COMPANY VI, INC.</b>   |                               |   |   |                          |  |      |                               |  |                |                               |  |             |                    |  |  |  |  |       |                         |  |      |                             |  |                |                    |  |             |  |  |
| Principal Place of Business<br><b>PO BOX 1329</b><br><b>SARASOTA, FL 34230 US</b>   |                               |   | Mailing Address<br><b>PO BOX 1329</b><br><b>SARASOTA, FL 34230 US</b>   |                          |  |      |                               |  |                |                               |  |             |                    |  |  |  |  |       |                         |  |      |                             |  |                |                    |  |             |  |  |
| 2. Principal Place of Business - No P.O. Box #  |                               | 3. Mailing Address  |   |                          |  |      |                               |  |                |                               |  |             |                    |  |  |  |  |       |                         |  |      |                             |  |                |                    |  |             |  |  |
| Suite, Apt. #, etc.   |                               | Suite, Apt. #, etc.   |   |                          |  |      |                               |  |                |                               |  |             |                    |  |  |  |  |       |                         |  |      |                             |  |                |                    |  |             |  |  |
| City & State  |                               | City & State  |   |                          |  |      |                               |  |                |                               |  |             |                    |  |  |  |  |       |                         |  |      |                             |  |                |                    |  |             |  |  |
| Zip   | Country                       | Zip   | Country   |                          |  |      |                               |  |                |                               |  |             |                    |  |  |  |  |       |                         |  |      |                             |  |                |                    |  |             |  |  |
| 4. FEI Number<br><b>65-0804727</b>  |                               |   | Applied For<br><input type="checkbox"/> Not Applicable  |                          |  |      |                               |  |                |                               |  |             |                    |  |  |  |  |       |                         |  |      |                             |  |                |                    |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                               |   | <b>\$8.75 Additional Fee Required</b>   |                          |  |      |                               |  |                |                               |  |             |                    |  |  |  |  |       |                         |  |      |                             |  |                |                    |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MCGINNESS, LEE W</b><br><b>1800 SECOND STREET</b><br><b>SARASOTA, FL 34236</b>  |                               |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |                          |  |      |                               |  |                |                               |  |             |                    |  |  |  |  |       |                         |  |      |                             |  |                |                    |  |             |  |  |
| 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 _____   |                               |   |   |                          |  |      |                               |  |                |                               |  |             |                    |  |  |  |  |       |                         |  |      |                             |  |                |                    |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>   |                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |                          |  |      |                               |  |                |                               |  |             |                    |  |  |  |  |       |                         |  |      |                             |  |                |                    |  |             |  |  |
| <b>10. OFFICERS AND DIRECTORS</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PT<br/>GRIFFIN, WILLIAM D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1924 S OSPREY AVE., SUITE 200</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>SARASOTA, FL 34239</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |                               |   | TITLE   | PT<br>GRIFFIN, WILLIAM D | <input type="checkbox"/> Delete            | NAME | 1924 S OSPREY AVE., SUITE 200 |  | STREET ADDRESS | SARASOTA, FL 34239            |  | CITY-ST-ZIP |                    |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">VS<br/>John Ford Griffin</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>1924 S. Osprey Ave, Ste 200</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Sarasota, FL 34239</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |  |  | TITLE | VS<br>John Ford Griffin | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | 1924 S. Osprey Ave, Ste 200 |  | STREET ADDRESS | Sarasota, FL 34239 |  | CITY-ST-ZIP |  |  |
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| NAME  | 1924 S OSPREY AVE., SUITE 200 |   |   |                          |  |      |                               |  |                |                               |  |             |                    |  |  |  |  |       |                         |  |      |                             |  |                |                    |  |             |  |  |
| STREET ADDRESS  | SARASOTA, FL 34239            |   |   |                          |  |      |                               |  |                |                               |  |             |                    |  |  |  |  |       |                         |  |      |                             |  |                |                    |  |             |  |  |
| CITY-ST-ZIP   |                               |   |   |                          |  |      |                               |  |                |                               |  |             |                    |  |  |  |  |       |                         |  |      |                             |  |                |                    |  |             |  |  |
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| NAME  | SALSER, RANDAL D              |   |   |                          |  |      |                               |  |                |                               |  |             |                    |  |  |  |  |       |                         |  |      |                             |  |                |                    |  |             |  |  |
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #