


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2004 8:00 am**  
**Secretary of State**

06-16-2004 90012 043 \*\*\*150.00

<b>DOCUMENT # P98000013558</b> 1. Entity Name <b>GRIFFIN'S GREENERY AND FARM, INC.</b>					
Principal Place of Business <b>11024 TRUMPET VINE LN TALLAHASSEE, FL 32308</b>			Mailing Address <b>11024 TRUMPET VINE LN TALLAHASSEE, FL 32308</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip			Zip		
Country			Country		
4. FEI Number <b>59-3492764</b>				Applied For <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  <b>GRIFFIN, AMY J 11024 TRUMPET VINE LN TALLAHASSEE, FL 32308</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GRIFFIN, AMY J</b> <b>11024 TRUMPET VINE LN</b> <b>TALLAHASSEE, FL 32308</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GRIFFIN, NELWYN A</b> <b>909 HIGHWAY 2297</b> <b>PANAMA CITY, FL 32404</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GRIFFIN, JUDY E</b> <b>3117 SHANNON LAKES NORTH</b> <b>TALLAHASSEE, FL 32308</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: Amy J. Griffin Amy J. Griffin</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>6/15/04</b> Daytime Phone # <b>850 668-7358</b>					

**54057629**



03052003 Chg-P CR2E034 (10/03)