

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 14, 2007 08:00 AM
Secretary of State**

DOCUMENT # P98000054686



1. Entity Name

GRIFFIN BROTHERS DEVELOPMENT CO.

Principal Place of Business

15510 N.W. 112 AVE.
REDDICK, FL 32686 US

Mailing Address

15510 N.W. 112 AVE.
REDDICK, FL 32686 US



02092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3525540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, RICHARD JR.
15510 N.W. 112 AVE.
REDDICK, FL 32686

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GRIFFIN, RICHARD JR.
STREET ADDRESS 15510 N.W. 112 AVE.
CITY-ST-ZIP REDDICK, FL 32686

TITLE S
NAME GRIFFIN, MARIA
STREET ADDRESS 15510 NW 112 AVE.
CITY-ST-ZIP REDDICK, FL 32686

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000634680
02/22/07-80021-010 150.00

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IN THIS SPACE**

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 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:

Maria Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-09-07 352-591-3654

Date

Daytime Phone #