2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000071903

1. Entity Name
ADRIENNE HUSTON GRIFFIN, INC.

Principal Place of Business
2547 LOCHMORE RD.
W. PALM BEACH, FL 33407

Mailing Address
2547 LOCHMORE RD.
W. PALM BEACH, FL 33407

03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0858925
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, ADRIENNE H
2547 LOCHMORE RD.
W. PALM BEACH, FL 33407

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

L00000676063
03/30/07-80043-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRIFFIN, ADRIENNE H
STREET ADDRESS	2547 LOCHMORE RD.
CITY-ST-ZIP	W. PALM BEACH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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.

ADRIENNE H. GRIFFIN

SIGNATURE: Adrienne H. Griffin 3/21/07 561-842-9215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #