

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000070551

f. Entity Name

DOUGLAS M. GRIFFIN INC.



FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90226 015 ***150.00

| | | | |
|--|---------|--|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| 36848 TRUDY RD. FRUITLAND PARK FL 34731 | | 36848 TRUDY RD. FRUITLAND PARK FL 34731 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | | |
| GRIFFIN, DOUGLAS M 36848 TRUDY RD. FRUITLAND PARK FL 34731 | | | |
| Name | | | |
| Street Address | | | |
| City | | | |

A standard linear barcode is positioned horizontally across the page, consisting of vertical black lines of varying widths on a white background.

MOORE CR2E034 (11/03)

| | | | | | | |
|--|---------|--------------|---------|--|------------|--------------------------------|
| City & State | | City & State | | 4. FEI Number | 59-3592855 | Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| GRIFFIN, DOUGLAS M 36848 TRUDY RD. FRUITLAND PARK FL 34731 | | | | Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ 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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-------------------------|---|---|
| TITLE | PD | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRiffin, Douglas M | | |
| STREET ADDRESS | 36848 TRUDY RD | | |
| CITY-ST-ZIP | FRUITLAND PARK FL 34731 | | |
| TITLE | DO | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARVEY, JOHN C | | |
| STREET ADDRESS | 36848 TRUDY RD. | | |
| CITY-ST-ZIP | FRUITLAND PARK FL 34731 | | |
| TITLE | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
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| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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.

SIGNATURE:

W. A. G. M. 1970

3-2004

Date _____

Daytime Phone #