

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90162 014 ***150.00

DOCUMENT # P99000070551

1. Entity Name
DOUGLAS M. GRIFFIN INC.



Principal Place of Business
**36848 TRUDY RD.
FRUITLAND PARK, FL 34731**

Mailing Address
**36848 TRUDY RD.
FRUITLAND PARK, FL 34731**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.
4526 CALAMODIN STREET

Suite, Apt. #, etc.
PO Box 763

04192007 Chg-P CR2E034 (12/06)

City & State
LADY LAKE, FLORIDA

City & State
FRUITLAND PARK, FLORIDA

4. FEI Number
59-3592855

Applied For
Not Applicable

Zip
32159

Country
USA

Zip
34731

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLSON, TERRY E
545 N UMATILLA BLVD
UMATILLA, FL 32784**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, 2007 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GRIFFIN, DOUGLAS M
36848 TRUDY RD
FRUITLAND PARK, FL 34731**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Douglas M. Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-07

352 418-2180