2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000072185

1. Entity Name
HENRY GRIFFIN DRYWALL, INC.

Principal Place of Business	Mailing Address
12420 SE 88TH COURT BELLEVIEW, FL 34420	12420 SE 88TH COURT BELLEVIEW, FL 34420

DO NOT WRITE IN THIS SPACE

04282008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3594551	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

GRIFFIN, HENRY
12420 SE 88TH COURT
BELLEVIEW, FL 34420

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U000000931251
05/22/08-8U007-013 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	DP	
NAME	GRIFFIN, HENRY	
STREET ADDRESS	12420 SE 88TH CT	
CITY-ST-ZIP	BELLEVIEW, FL 34420	
TITLE	DT	
NAME	GRIFFIN, LISA	
STREET ADDRESS	12420 SE 88TH CT	
CITY-ST-ZIP	BELLEVIEW, FL 34420	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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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: _Lisa Griffin, Treasurer 4/27/08_   352-239-2299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #