

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000096787

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: ADRIENNE D GRIFFIN P A

## Current Principal Place of Business:

6801 LAKE WORTH ROAD  
#257  
LAKE WORTH, FL 33467 US

## Current Mailing Address:

6801 LAKE WORTH ROAD  
#257  
LAKE WORTH, FL 33467 US

## New Principal Place of Business:

4065 TORRES CIRCLE  
WEST PALM BEACH, FL 33409 US

## New Mailing Address:

4065 TORRES CIRCLE  
WEST PALM BEACH, FL 33409 US

FEI Number: 65-0960870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRIFFIN, ADRIENNE D  
6801 LAKE WORTH ROAD  
#257  
LAKE WORTH, FL 33467 US

## Name and Address of New Registered Agent:

GRIFFIN, ADRIENNE D  
4065 TORRES CIRCLE  
WEST PALM BEACH, FL 33409 US

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.

SIGNATURE:

02/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GRIFFIN, ADRIENNE D  
Address: 6801 LAKE WORTH ROAD # 257  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: GRIFFIN, JEMMA E  
Address: 6801 LAKE WORTH ROAD # 257  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: LESTER, JAMIE E  
Address: 6801 LAKE WORTH ROAD #257  
City-St-Zip: LAKE WORTH, FL 33467

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GRIFFIN, ADRIENNE D  
Address: 4065 TORRES CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D (X) Change ( ) Addition  
Name: GRIFFIN, JEMMA E  
Address: 4065 TORRES CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D (X) Change ( ) Addition  
Name: LESTER, JAMIE E  
Address: 4065 TORRES CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIENNE GRIFFIN

D

02/04/2009

Electronic Signature of Signing Officer or Director

Date