

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90066 024 \*\*\*150.00

40025527



02232005 Chg-P CR2E034 (10/03)

4. FEI Number **59-1849621** Applied For ☐ Not Applicable ☐

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

**DOCUMENT # 588646**  
1. Entity Name  
**JAMES L. GRIFFIN, D.D.S., P.A.**



Principal Place of Business  
**6802 ST. AUGUSTINE RD.  
JACKSONVILLE, FL 32217**

Mailing Address  
**6802 ST. AUGUSTINE RD.  
JACKSONVILLE, FL 32217**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**2351 La Mesa Dr.**  
Suite, Apt. #, etc.

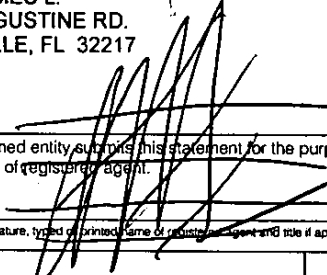
City & State  
**Jacksonville, FL**

Zip  
**32217** Country  
**USA**

6. Name and Address of Current Registered Agent  
**GRIFFIN, JAMES L.  
6802 ST. AUGUSTINE RD.  
JACKSONVILLE, FL 32217**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**2352 La Mesa Dr.**  
City  
**Jacksonville** FL Zip Code  
**32217**

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  DATE **2-28-05**

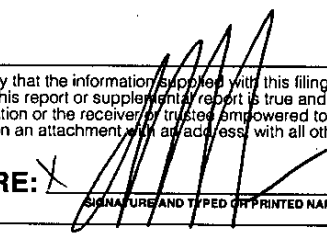
Signature, typed or printed name of registered agent and role if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	PST GRIFFIN, JAMES L. 6802 ST. AUGUSTINE RD. JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2351 La Mesa Dr. Jacksonville, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRIFFIN, BARBARA C. 6802 ST AUGUSTINE RD. JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2351 La Mesa Dr. Jacksonville, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X**  **James L. Griffin, D.D.S. (904) 733-4317**  
2-28-05 X 1-904-733-4317

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

1-904-733-4200