2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 04, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # L51812 * SRIFFITH, P.A.						
% LYNN J. GI	RIFFITH DENTIAL CT., SUITE 101	Mailing Address % Lynn J. Griffith 6338 Presidential Ct., Suite ft. Myers, Fl. 33919	E 101				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				03012005 4. FEI Numb 65-017	No Chg-P	CR2E034 (
	, LYNN J. SIDENTIAL CT			NOT W			
	3, FL 33919	IN THIS SPACE					
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 reinstaling) DATE							
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	ncing \$5.	00 May Be ed to Fees	·			
10.	OFFICERS AND DIR	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GRIFFITH, LYNN J. 6338 PRESIDENTIAL CT FT MYERS, FL			Manager April 6 to 4 to		251213 80042-00	8 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, LYNN J. 6338 PRESIDENTIAL CT FT MYERS, FL						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				—IN .	THIS SF	PACE	:
TITLE NAME STREET ADDRESS CITY-ST-ZIP			r				
TITLE 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)(1), 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.							