


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-04-2005 90098 046 ***150.00

DOCUMENT # P01000022278	
1. Entity Name FRANK GRIFFIN, INC.	

Principal Place of Business 2863 SW 13TH CT. FT. LAUDERDALE, FL 33312	Mailing Address 2863 SW 13TH CT. FT. LAUDERDALE, FL 33312
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50022755



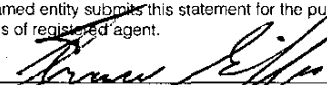
2. Principal Place of Business 5803 SE Orange Blossom Trail	3. Mailing Address 5803 SE Orange Blossom Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02092005 Chg-P CR2E034 (10/03)

City & State Hopessound, FL	City & State Hopessound FL
Zip 33455	Zip 33455
Country USA	Country USA

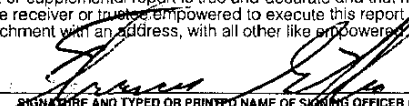
4. FEI Number 65-1086103	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRIFFIN, FRANCIS P 2863 SW 13TH CT. FT. LAUDERDALE, FL 33312	
7. Name and Address of New Registered Agent Name Francis P. Griffin Street Address (P.O. Box Number is Not Acceptable) 5803 SE Orange Blossom Trail City Hopessound FL Zip Code 33455	

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 2/17/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRIFFIN, FRANCIS P		NAME Francis P. Griffin	
STREET ADDRESS 2863 SW 13TH CT.		STREET ADDRESS 5803 SE Orange Blossom Trail	
CITY-ST-ZIP FT. LAUDERDALE, FL 33312		CITY-ST-ZIP Hopessound, FL 33455	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: 	DATE 2/17/05 DAYTIME PHONE 772-220-8036