

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90070 012 \*\*\*150.00

DOCUMENT # P01000056433

1. Entity Name

JENNIFER HART GRIFFIS, P.A.



Principal Place of Business

13351 NW 173RD ST  
ALACHUA FL 32615

Mailing Address

PO BOX 1992  
ALACHUA FL 32616



2. Principal Place of Business - No P.O. Box #

17752 NE 55 ST.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 673

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Williston, FL

City & State

Williston, FL

4. FEI Number

59-3723889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

32696

Country

Zip

32696

Country

USA

6. Name and Address of Current Registered Agent

GRIFFIS, STANLEY H III  
6224 NW 43RD ST ST A  
GAINESVILLE FL 32653

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D  
NAME: GRIFFIS, JENNIFER HART  
STREET ADDRESS: 13351 NW 173RD ST  
CITY ST ZIP: ALACHUA FL 32615 17752 NE 55 ST. Williston, FL 32696

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY ST ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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STREET ADDRESS: ☐ Change ☐ Addition  
CITY ST ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

26 FEB 07 (352) 316-1037