

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000017838	
1. Entity Name GRIFFIN/INTERPHASE INC.	

Principal Place of Business 6862 EAST LONGBOW BEND DAVIE FL 33331	Mailing Address 6862 EAST LONGBOW BEND DAVIE FL 33331
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number 52-2451870	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
HEAVEN, CHRISTOPHER 6862 EAST LONGBOW BEND DAVIE FL 33331

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 _____ (NOTE: Registered Agent signature required when reinstating) **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 \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
---	--

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																				
<table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HEAVEN, CHRISTOPHER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6862 EAST LONGBOW BEND</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAVIE FL 33331</td> <td></td> </tr> </table>	TITLE	P	<input type="checkbox"/> Delete	NAME	HEAVEN, CHRISTOPHER		STREET ADDRESS	6862 EAST LONGBOW BEND		CITY-ST-ZIP	DAVIE FL 33331		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>U000000693052</td> </tr> <tr> <td>STREET ADDRESS</td> <td>04/16/07-80024-017 150.00</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	U000000693052	STREET ADDRESS	04/16/07-80024-017 150.00	CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete																			
NAME	HEAVEN, CHRISTOPHER																				
STREET ADDRESS	6862 EAST LONGBOW BEND																				
CITY-ST-ZIP	DAVIE FL 33331																				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME	U000000693052																				
STREET ADDRESS	04/16/07-80024-017 150.00																				
CITY-ST-ZIP																					
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					

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:  **04/04/2007 (954) 434-1895**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR