

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 331844

FILED
Apr 30, 2008
Secretary of State

Entity Name: GENERAL COLOR CORPORATION

Current Principal Place of Business:

604 BREVARD AVE
P. O. BOX 70
COCOA, FL 329230070

New Principal Place of Business:

604 BREVARD AVE
COCOA, FL 329230070

Current Mailing Address:

604 BREVARD AVE
P. O. BOX 70
COCOA, FL 329230070

New Mailing Address:

604 BREVARD AVE
COCOA, FL 329230070

FEI Number: 59-1218387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAFT, THOMAS R PRES
139 PINECREST STREET.
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: KRAFT, THOMAS R PRES
Address: 139 PINECREST STREET
City-St-Zip: TITUSVILLE, FL 32780

Title: PRES () Delete
Name: KRAFT, THOMAS R.,
Address: 139 PINECREST STREET
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R KRAFT

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date