

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000010305

Entity Name: F.A.S.T. GRAPHS, INC.

FILED  
Jan 20, 2012  
Secretary of State

**Current Principal Place of Business:**

18534 DALE MABRY HWY N  
LUTZ, FL 33549 US

**New Principal Place of Business:**

**Current Mailing Address:**

18534 DALE MABRY HWY N  
LUTZ, FL 33549 US

**New Mailing Address:**

FEI Number: 30-0535645

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARDNER, MERRITT A  
5415 MARINER STREET  
SUITE 200  
TAMPA, FL 33609 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARNEVALE, CHARLES C  
Address: 18109 GERACI ROAD  
City-St-Zip: LUTZ, FL 33548 US

Title: T  
Name: CARNEVALE, JULIE C  
Address: 18109 GERACI ROAD  
City-St-Zip: LUTZ, FL 33548 US

Title: S  
Name: LOUDIN, TIMOTHY W  
Address: 2500 N VAN DORN ST. #1021  
City-St-Zip: ALEXANDRIA, VA 22302 US

I hereby 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 all other like empowered.

SIGNATURE: JULIE CARNEVALE

T

01/20/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date