# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2005**
**Secretary of State**

DOCUMENT# F01000004514

**Entity Name:** COMMUNICATION GRAPHICS, INC.

**Current Principal Place of Business:**

1765 N. JUPITER AVE.
BROKEN ARROW, OK 740121455

**New Principal Place of Business:**

1765 N. JUNIPER AVE.
BROKEN ARROW, OK 740121455

**Current Mailing Address:**

1765 N. JUPITER AVE.
BROKEN ARROW, OK 740121455

**New Mailing Address:**

1765 N. JUNIPER AVE.
BROKEN ARROW, OK 740121455

**FEI Number: 73-0950474** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LAWRENCE, RICK
1037 MARINA DRIVE
NORTH PALM BEACH, FL 33408 US

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

LAWRANCE, RICK
805 HARBOUR ILSES COURT
PALM BEACH GARDENS, FL 33410 US

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: RICK LAWRANCE 04/29/2005
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete
Name: LAWRANCE, RICHARD
Address: 1765 N JUNIPER AVE
City-St-Zip: BROKEN ARROW, OK 74012

Title: VD ( ) Delete
Name: ALBRIGHT, DONNA
Address: 1765 N JUNIPER AVE
City-St-Zip: BROKEN ARROW, OK 74012

Title: SD ( ) Delete
Name: NELLIS, MARC
Address: 1765 N JUNIPER AVE
City-St-Zip: BROKEN ARROW, OK 74012

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition
Name: LAWRANCE, RICHARD
Address: 1765 N JUNIPER AVE
City-St-Zip: BROKEN ARROW, OK 74012

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

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

Title: PD ( ) Change (X) Addition
Name: CLEVELAND, DAVID
Address: 1765 N JUNIPER AVE
City-St-Zip: BROKEN ARROW, OK 74012

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARC NELLIS SD 04/29/2005
Electronic Signature of Signing Officer or Director Date