

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000004514

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1765 N. JUNIPER AVE.  
BROKEN ARROW, OK 740121455

**New Principal Place of Business:**

**Current Mailing Address:**

1765 N. JUNIPER AVE.  
BROKEN ARROW, OK 740121455

**New Mailing Address:**

**FEI Number:** 73-0950474

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAWRANCE, RICK  
805 HARBOUR ISLE COURT  
WEST PALM BEACH, FL 33410 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: CD  
Name: LAWRANCE, RICHARD  
Address: 1765 N JUNIPER AVE  
City-St-Zip: BROKEN ARROW, OK 74012

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

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

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: RICHARD LAWRANCE

CD

04/28/2011

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

\_\_\_\_\_  
Date