

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000010305

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

**Current Principal Place of Business:**

18534 DALE MABRY HWY N  
LUTZ, FL 33549

**Current Mailing Address:**

18534 DALE MABRY HWY N  
LUTZ, FL 33549 US

**FEI Number:** 30-0535645

**Certificate of Status Desired:** No

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title VP  
Name CARNEVALE, JULIE C  
Address 18109 GERACI ROAD  
City-State-Zip: LUTZ FL 33548

Title S  
Name LOUDIN, TIMOTHY W  
Address 18534 DALE MABRY HWY N  
City-State-Zip: LUTZ FL 33548

*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

VP

02/25/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date