

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000004514

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

**Current Principal Place of Business:**

1765 N. JUNIPER AVE.  
BROKEN ARROW, OK 74012-1455

**Current Mailing Address:**

1765 N. JUNIPER AVE.  
BROKEN ARROW, OK 74012-1455

**FEI Number: 73-0950474**

**Certificate of Status Desired: No**

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

LAWRANCE, RICK  
805 HARBOUR ISLE COURT  
WEST PALM BEACH, 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CD  
Name LAWRANCE, RICHARD  
Address 1765 N JUNIPER AVE  
City-State-Zip: BROKEN ARROW OK 74012

Title VD  
Name LAWRANCE, DONNA  
Address 1765 N. JUNIPER AVE.  
City-State-Zip: BROKEN ARROW OK 74012-1455

Title PD  
Name CLEVELAND, DAVID  
Address 1765 N JUNIPER AVE  
City-State-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: DAVID CLEVELAND**

**PRESIDENT**

**03/17/2014**

Electronic Signature of Signing Officer/Director Detail

Date