

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 465155

1. Entity Name
GRAPHIC SYSTEMS, INCORPORATED



Principal Place of Business

**4493 36TH STREET SW
ORLANDO, FL 32811**

Mailing Address

**4493 36TH STREET SW
ORLANDO, FL 32811**

DO NOT WRITE IN THIS SPACE



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1565971

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALLACE, ROBERT
537 MARY JESS ROAD
ORLANDO, FL**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature (word or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000106639
04/08/04-80023-018 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WALLACE, ROBERT L
STREET ADDRESS 537 MARY JESS RD.
CITY ST ZIP ORLANDO, FL

TITLE VDS
NAME WALLACE, BEVERLY B
STREET ADDRESS 537 MARY JESS ROAD
CITY ST ZIP ORLANDO, FL

TITLE V
NAME CRAIG, JOHN W
STREET ADDRESS 1000 LENMORE COURT
CITY ST ZIP ORLANDO, FL

TITLE V
NAME GALLER, ROBERT J
STREET ADDRESS 1214 LARK PLACE
CITY ST ZIP ORLANDO, FL

TITLE VP
NAME HOWARD, PATRICE W
STREET ADDRESS 309 RICHARD PLACE
CITY ST ZIP ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

SIGNATURE:

Robert L. Wallace Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04 *407-648-5353*
Date Daytime Phone #