

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 465155

FILED  
Apr 12, 2007  
Secretary of State

**Entity Name:** GRAPHIC SYSTEMS, INCORPORATED

**Current Principal Place of Business:**

4507 36TH ST SW  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

4507 36TH ST SW  
ORLANDO, FL 32811

**New Mailing Address:**

**FEI Number:** 59-1565971

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALLACE, ROBERT  
537 MARY JESS ROAD  
ORLANDO, FL 32839 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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WALLACE, ROBERT L  
Address: 537 MARY JESS RD.  
City-St-Zip: ORLANDO, FL 32839

Title: VDS ( ) Delete  
Name: WALLACE, BEVERLY B  
Address: 537 MARY JESS ROAD  
City-St-Zip: ORLANDO, FL 32839

Title: VP ( ) Delete  
Name: HOWARD, PATRICE W  
Address: 2620 ZUNI RD.  
City-St-Zip: ST. CLOUD, FL 34771

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERT L. WALLACE

PD

04/12/2007

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

\_\_\_\_\_  
Date