

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 593936

FILED  
Jul 15, 2008  
Secretary of State

Entity Name: GRAPHIC FRAMING, INC.

## Current Principal Place of Business:

3202 SOUTH WEST SHORE BLVD  
TAMPA, FL 33629

## New Principal Place of Business:

## Current Mailing Address:

3202 SOUTH WEST SHORE BLVD  
TAMPA, FL 33629

## New Mailing Address:

FEI Number: 59-1878574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURNS, LYDIA M  
3823 N. OAK DR. K-31  
TAMPA, FL 33611 US

## Name and Address of New Registered Agent:

BURNS, LYDIA M P.  
8307 COUNTRY PARK WAY  
SARASOTA, FL 34243 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: LYDIA M. BURNS

07/15/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VT ( ) Delete  
Name: BURNS, WILLIAM M,  
Address: 3823 N OAK DRIVE K-31  
City-St-Zip: TAMPA, FL 33611

Title: P ( ) Delete  
Name: BURNS, LYDIA M.  
Address: 3823 N. OAK DRIVE K-31  
City-St-Zip: TAMPA, FL 33611

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VT (X) Change ( ) Addition  
Name: BURNS, WILLIAM M,  
Address: 8307 COUNTRY PARK WAY  
City-St-Zip: SARASOTA, FL 34243

Title: P (X) Change ( ) Addition  
Name: BURNS, LYDIA M.  
Address: 8307 COUNTRY PARK WAY  
City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM M. BURNS

VP

07/15/2008

Electronic Signature of Signing Officer or Director

Date