

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000005099

1. Entity Name

G.E. RICHARDS GRAPHIC SUPPLIES CO., INC.



Principal Place of Business

928 LINKS AVENUE
LANDISVILLE, PA 17538

Mailing Address

PO BOX 339
LANDISVILLE, PA 17538

DO NOT WRITE IN THIS SPACE



02242005 No Chg-P CR2E034 (10/03)

4. FEI Number

23-2032072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WAGNER, LARRY E
STREET ADDRESS 928 LINKS AVENUE
CITY - ST - ZIP LANDISVILLE, PA 17538

TITLE VPD
NAME WAGNER, JEFFREY E
STREET ADDRESS 928 LINKS AVENUE
CITY - ST - ZIP LANDISVILLE, PA 17538

TITLE SD
NAME YOST, LINDA L
STREET ADDRESS 928 LINKS AVENUE
CITY - ST - ZIP LANDISVILLE, PA 17538

TITLE TD
NAME WAGNER, JUDITH A
STREET ADDRESS 928 LINKS AVENUE
CITY - ST - ZIP LANDISVILLE, PA 17538

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000293422
04/08/05-80028-009 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

717-898-3151