2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000004514

1. Entity Name
COMMUNICATION GRAPHICS, INC.

Principal Place of Business	Mailing Address
1765 N. JUPITER AVE. BROKEN ARROW, OK 74012-1455	1765 N. JUPITER AVE. BROKEN ARROW, OK 74012-1455

01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-0950474
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE, RICK
1037 MARINA DRIVE
NORTH PALM BEACH, FL 33408

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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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	LAWRANCE, RICHARD
STREET ADDRESS	1765 N JUNIPER AVE
CITY-ST-ZIP	BROKEN ARROW, OK 74012
TITLE	VD
NAME	ALBRIGHT, DONNA
STREET ADDRESS	1765 N JUNIPER AVE
CITY-ST-ZIP	BROKEN ARROW, OK 74012
TITLE	SD
NAME	NELLIS, MARC
STREET ADDRESS	1765 N JUNIPER AVE
CITY-ST-ZIP	BROKEN ARROW, OK 74012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/04-80013-003 150.00

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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: Marc W. Nellis MARC W. NELLIS 1/16/04 (918)258-6502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #