

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # F01000004514



1. Entity Name
COMMUNICATION GRAPHICS, INC.

Principal Place of Business
1765 N. JUNIPER AVE.
BROKEN ARROW, OK 74012-1455

Mailing Address
1765 N. JUNIPER AVE.
BROKEN ARROW, OK 74012-1455



02252008 No Chg-P CR2E034 (11/05)

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

LAWRANCE, RICK
805 HARBOUR ILSES COURT
PALM BEACH GARDENS, FL 33410

**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, 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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000888529
04/09/08-80011-017 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
LAWRANCE, RICHARD
1765 N JUNIPER AVE
BROKEN ARROW, OK 74012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ALBRIGHT, DONNA
1765 N JUNIPER AVE
BROKEN ARROW, OK 74012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CLEVELAND, DAVID
1765 N JUNIPER AVE
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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

David L. Cleveland 2/25/08 918-258-6502