

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90153 033 ***150.00

DOCUMENT # H09410

1. Entity Name

GRAPHIC COMMUNICATIONS BROKERAGE CORPORATION



Principal Place of Business

C/O RAYMOND KENNETH WALTERS, JR
1304 S. DE SOTO AVE., STE. 310
TAMPA FL 33606-3138

Mailing Address

C/O RAYMOND KENNETH WALTERS, JR
1304 S. DE SOTO AVE., STE. 310
TAMPA FL 33606-3138



2. Principal Place of Business

2108 W. SOUTHVIEW AVE.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-2427785

Applied For

Not Applicable

Zip 33606-3106

Country USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALTERS, KEN
1304 S. DE SOTO AVE
STE 310
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

KEN WALTERS

Street Address (P.O. Box Number is Not Acceptable)

2108 W. SOUTHVIEW AVE.

City

Tampa

FL

Zip 33606-3106

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
WALTERS, KEN
1304 S. DE SOTO AVE., STE. 310
TAMPA FL 33606-3138 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

KEN WALTERS

3.10.06

Date

813.251-0500

Daytime Phone #