

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J80254

FILED  
Aug 31, 2006  
Secretary of State

Entity Name: GRAPHIC IMAGES OF LAKE LAND, INC.

**Current Principal Place of Business:**

138 9TH AVE NW  
MULBERRY, FL 33860 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 298  
MULBERRY, FL 33860 US

**New Mailing Address:**

FEI Number: 59-2818051      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORTENSEN, KATHY  
3327 ROYAL OAK DR. W.  
MULBERRY, FL 33860 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: PD ( ) Delete  
Name: MORTENSEN, KATHY,  
Address: 3327 ROYAL OAK DR. W.  
City-St-Zip: MULBERRY, FL

Title: D ( ) Delete  
Name: STARKEY, JANET MORTE, SEN  
Address: 3307 ROYAL OAK DR. S.  
City-St-Zip: MULBERRY, FL

Title: VD ( ) Delete  
Name: STARKEY, DAVID A  
Address: 3307 ROYAL OAK DR. SOUTH  
City-St-Zip: MULBERRY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHY MORTENSEN

PD

08/31/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date