2008-FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Jan 24, 2008 08:00 AN Secretary of State DOCUMENT # P01000121377 1. Entity Name C&R GRAPHICS, INC. Principal Place of Business Mailing Address 2320 TAMIAMI TRAIL UNITS 1&2 2320 TAMIAMI TRAIL UNITS 1&2 PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-0016317 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LONG, ROLAND DO NOT WRITE 2320 TAMIAMI TRAIL UNITE 1&2 PORT CHARLOTTE, FL 33952 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LONG, ROLAND NAME STREET ADDRESS **4015 COCHISE TERRACE** CITY-ST-ZIP SARASOTA, FL 34233 ¹.000000795<u>18</u>3 TITLE 01/28/08-80037-019\150.'00 LONG, CYNTHIA L STREET ADDRESS **4015 COCHISE TERRACE** CITY-ST-ZIP SARASOTA, FL 34233 TITLE NAME LONG, GREGORY R STREET ADDRESS 4015 COCHISE TERRACE DO NOT WRITE CITY-ST-ZIP SARASOTA, FL 34233 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 a other like empowered.

CITY-ST-ZIP

1-18-08

941-624-3713

Daytime Phone #