

**2005 FOR PROFIT CORPORATION-
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000116043

1. Entity Name
GRAPHIC SYSTEM SUPPLY, INC.



Principal Place of Business
1109 TAMiami TRAIL, UNIT 5
PORT CHARLOTTE, FL 33953

Mailing Address
1109 TAMiami TRAIL, UNIT 5
PORT CHARLOTTE, FL 33953

DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number
30-0132082

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, MICHAEL
1109 TAMiami TRAIL, UNIT 5
PORT CHARLOTTE, FL 33953

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANDERSON, MICHAEL T
STREET ADDRESS	1109 TAMiami TRAIL, UNIT 5
CITY- ST- ZIP	PORT CHARLOTTE, FL 33953
TITLE	ST
NAME	QUINN, SCOTT
STREET ADDRESS	9255 BEACHVIEW CT.
CITY- ST- ZIP	PORT CHARLOTTE, FL 33953
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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

2-16-05 941-743-9100

Date

Time

Daytime Phone #