



FILED
Apr 17, 2008 8:00 am
Secretary of State

40070463

| | | | |
|--|--|---|--|
| DOCUMENT # P02000116043 | | 04-17-2008 90034 038 ***150.00 | |
| 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 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | |
| 40070463 | |  | |
| 4012008 Chg-P CR2E034 (12/06) | | 4. FEI Number 30-0132082 | |
| 5. Certificate of Status Desired | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent ANDERSON, MICHAEL 1109 TAMiami TRAIL UNIT 5 PORT CHARLOTTE, FL 33953 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (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 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP P ANDERSON, MICHAEL T 1109 TAMiami TRAIL UNIT 5 PORT CHARLOTTE, FL 33953 | | TITLE NAME STREET ADDRESS CITY- ST- ZIP ST QUINN, SCOTT 4255 BEACHVIEW CT. PORT CHARLOTTE, FL 33953 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP ST QUINN, SCOTT 9255 BEACHVIEW CT. 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 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| 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: _____ | | Michael T. Anderson 9/7/08 (941) 743-9100 | |