2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000023905

GRAPHIC SIGN DESIGN, INC.



FILED Feb 27, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

| 1516 STATE AVE UNIT B-C HOLLY HILL, FL 32117 | | 120 SEMINOLE AVE ORMOND BEACH, FL 32176 | | | | | |
|---|--|--|--|---|--|---|--------------------|
| | the transfer of the second | | 02062008 | No Chg-P | CR2E034 (* | | |
| D | O NOT WRITE | | FEI Number 20-0742 Certificate of | 749 I Status Desired | | Applied For Not Applicable 75 Additional Required | |
| * ; * * * * * * | 6. Name and Address of Current Re | | | राक्ष्म स्ट्रा | 1 J. 2 | | |
| | NOLE AVE BEACH, FL 32176 | | DO I | NOT WI HIS SP | ACE | | |
| 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 | bite if applicable (NOTE: Registere | ed 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. Trust Fund Contribution. \$5.00 May Be Added to Fees | | | | | | | |
| 10. | OFFICERS AND DI | RECTORS | | " spale file of | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST GREGOR, RUDOLF 120 SEMINOLE AVE ORMOND BEACH, FL 32176 | | an digita que | la filipi katigoria Li La Bijlio Li La Bijlio | हिंक हुने हैं है के के से हो के दूर की के के हैं के दूर की के के | | |
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| 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.