

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90042 039 ***150.00

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1. Entity Name

GRAPHIC ENGINEERING, INC.

Principal Place of Business

5605 FLORIDA MINING BLVD. S
SUITE #209
JACKSONVILLE FL 32257

Mailing Address

5605 FLORIDA MINING BLVD. S
SUITE #209
JACKSONVILLE FL 32257



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4568 Palmetto Cove Lane

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

Jacksonville, FL

4. FEI Number

14-1917748

Applied For

Not Applicable

Zip

Country

Zip

32258

Country

DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCURRY, GRACE M
5605 FLORIDA MINING BLVD. S
SUITE #209
JACKSONVILLE FL 32257

Name

McCurry, Grace M.

Street Address (P.O. Box Number is Not Acceptable)

4568 Palmetto Cove Lane

City

Jacksonville

FL

Zip Code

32258

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

Grace M. McCurry Grace M. McCurry

3/28/05

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

Make Check Payable to Florida Department of State

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 D ☐ Delete
NAME JARRETT, PHILIP C
STREET ADDRESS 9916 BLAKEFORD MILL ROAD
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCCURRY, BOYD E
STREET ADDRESS 4568 PALMETTO COVE LANE
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05 904-233-8164

Date

Daytime Phone #