


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90035 022 ***150.00

DOCUMENT # P04000143174					
1. Entity Name GRAPHIC ENGINEERING, INC.					
Principal Place of Business 6449 JACK WRIGHT ISLAND RD SAINT AUGUSTINE, FL 32092			Mailing Address 4568 PALMETTO COVE LANE SUITE #209 JACKSONVILLE, FL 32258		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address <i>6449 Jack Wright Island Rd</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <i>Saint Augustine, FL</i>		
Zip		Country		Zip <i>32092</i>	
				Country <i>USA</i>	
6. Name and Address of Current Registered Agent MCCURRY, GRACE M 6449 JACK WRIGHT ISLAND RD SAINT AUGUSTINE, FL 32092				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when substituting) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D JARRETT, PHILIP C 9916 BLAKEFORD MILL ROAD JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCURRY, BOYD E 6449 JACK WRIGHT ISLAND RD ST AUGUSTINE, FL 32092 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Boyd E. McCurry</i>			3/10/08 904.612-4790		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		