

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90050 036 ***150.00

DOCUMENT # P05000045041

1. Entity Name
GRAPHICS IN THE SUNSHINE, INC.



Principal Place of Business
**2065 SW 24TH CIRCLE
BOYNTON BEACH, FL 33426**

Mailing Address
**2065 SW 24TH CIRCLE
BOYNTON BEACH, FL 33426**

DO NOT WRITE IN THIS SPACE



02222007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2872465

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, LYNDA
2065 SW 24TH CIRCLE
BOYNTON BEACH, FL 33426**

**DO NOT WRITE
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WILSON, LYNDA
2065 SW 24TH CIRCLE
BOYNTON BEACH, FL 33426**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: *Lynda Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LYNDA WILSON
- PRESIDENT -**

2/22/07

Date

(561) 703.0306

Daytime Phone #