

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90048 030 ***150.00

DOCUMENT # P05000111806					
1. Entity Name TERRA GRAPHICS, INC.					
Principal Place of Business 5480 LNNLAKE DR S. SAINT PETERSBURG, FL 33712 US			Mailing Address 5480 LNNLAKE DR S. SAINT PETERSBURG, FL 33712 US		
2. Principal Place of Business - No P.O. Box # 5480 LYNN LAKE DR. S.		3. Mailing Address 5480 LYNN LAKE DR. S.			
Suite, Apt. #, etc. C		Suite, Apt. #, etc. C		01112008 Chg-P CR2E034 (12/06)	
City & State ST PETERSBURG, FL		City & State ST. PETERSBURG, FL		4. FEI Number 20-3330825	
Zip Country 33712 US		Zip Country 33712 US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITHYMAN, CHRISTAL 5480-C LYNNLAKE DR S. SAINT PETERSBURG, FL 33712				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: <u>Christal Smithyman, CFO 1/11/08</u> <small>Signature, typed or printed name of registered agent, or type if applicable. (NOTE: Registered Agent signature required when reinstating) 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	P METCALF, CURTIS J <input type="checkbox"/> Delete 5288 62ND STREET N. KENNETH CITY, FL 33709		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILCHRIST, ROBERT L <input type="checkbox"/> Delete 5480-C LYNN LAKE DR. S. ST. PETERSBURG, FL 33712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SMITHYMAN, CHRISTAL K <input type="checkbox"/> Delete 5480-C LYNN LAKE DR. S. ST. PETERSBURG, FL 33712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 who are empowered.					
SIGNATURE: <u>Christal Smithyman, CFO 1/11/08 727-259-4915</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					