2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000019589

1. Entity Name
GRACE GRAPHICS, INC.

Principal Place of Business	Mailing Address
4899 ALLIGATOR BOULEVARD MIDDLEBURG, FL 32068	4899 ALLIGATOR BLVD MIDDLEBURG, FL 32068

02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3162717
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BERKNER, MICHAEL J
4899 ALLIGATOR BLVD
MIDDLEBURG, FL 32068

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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: mike Berkner 2/22/08
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERKNER, MICHAEL
STREET ADDRESS	4899 ALLIGATOR BOULEVARD
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	VP
NAME	BEVERLY, BARNETTE
STREET ADDRESS	4899 ALLIGATOR BLVD.
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	VP
NAME	ROBERT, BARNETTE
STREET ADDRESS	4899 ALLIGATOR BLVD.
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/05/08-80050-016 158.75

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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: mike Berkner 2/22/08 9043047940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #