

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90197 023 \*\*\*150.00

**DOCUMENT # P06000039805**

1. Entity Name  
**GRAPHIC & MEDIA SOLUTIONS INC.**



Principal Place of Business Mailing Address  
**%GARY, WILLIAMS, PARENTI, FINNEY, MCMANUS, W**  
**221 E OSCEOLA ST**  
**STUART, FL 34994**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04292008 Chg-P CR2E034 (12/06)

4. FEI Number 20-4534659 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**ABNEY, CHAN ESQ.**  
**GARY, WILLIAMS, PARENTI, FINNEY, LEWIS, MCMANUS**  
**221 E OSCEOLA STREET**  
**STUART, FL 34994**

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 \_\_\_\_\_ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	M	<input type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARY, KENNETH</b>		NAME		
STREET ADDRESS	<b>221 E OSCEOLA STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>STUART, FL 34994</b>		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARY, GLORIA</b>		NAME		
STREET ADDRESS	<b>221 SE OSCEOLA ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>STUART, FL 34994</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>Ali Gary</b>	
STREET ADDRESS			STREET ADDRESS	<b>221 SE OSCEOLA ST</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>STUART FL 34994</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>Kodie Gary</b>	
STREET ADDRESS			STREET ADDRESS	<b>221 SE OSCEOLA ST</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>STUART FL 34994</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **Charlene Bryant Bailey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08 772463-4222

Date

Daytime Phone #