

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000101302

**Entity Name:** GRAPHICS PLUS OF OCALA INC

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

851 NW 24TH COURT  
106  
OCALA, FL 34475 US

**New Principal Place of Business:**

**Current Mailing Address:**

851 NW 24TH COURT  
106  
OCALA, FL 34475 US

**New Mailing Address:**

**FEI Number:** 27-4293554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAMBLINGSON, REUBEN J  
5001 SW 20TH ST  
7608  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** TAMBLINGSON, REUBEN J  
**Address:** 5001 SW 20TH ST APT 7608  
**City-St-Zip:** OCALA, FL 34474 US

**Title:** OM  
**Name:** TAMBLINGSON, CANDACE  
**Address:** 851 NW 24TH COURT, SUITE 106  
**City-St-Zip:** OCALA, FL 34475

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** REUBEN TAMBLINGSON

PST

02/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date