

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90111 008 ***150.00

DOCUMENT # P96000057269

1. Entity Name

GRAPHIC SERVICES, INC.



Principal Place of Business

561 E. LANCASTER STREET
LECANTO FL 34461

Mailing Address

561 E. LANCASTER STREET
LECANTO FL 34461

2. Principal Place of Business

1214 WINDSOR WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LU2 FLORIDA

City & State

Zip

Country

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4. FEI Number

59-3395736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GISH, RICHARD D
1125 STERLING ROAD, SUITE 4
INVERNESS FL 34450

7. Name and Address of New Registered Agent

Name

SANDRA L. HOWELL

Street Address (P.O. Box Number is Not Acceptable)

1214 WINDSOR WAY

City

LU2

FL

Zip Code

33359

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

Sandra L. Howell

SANDRA L. HOWELL

ST

2-24-05

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOWELL, JAMES
STREET ADDRESS 561 E. LANCASTER STREET
CITY-ST-ZIP LECANTO FL 34461

TITLE ST
NAME HOWELL, SANDRA
STREET ADDRESS 561 E. LANCASTER STREET
CITY-ST-ZIP LECANTO FL 34461

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Sandra L. Howell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-24-05

Daytime Phone #