

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90110 003 ***150.00

DOCUMENT # P96000057269

1. Entity Name

GRAPHIC SERVICES, INC.



Principal Place of Business

1214 WINDSOR WAY
LUTZ FL 33559

Mailing Address

561 E. LANCASTER STREET
LECANTO FL 34461



2. Principal Place of Business

3. Mailing Address

1214 WINDSOR WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LUTZ FL.

Zip

Country

Zip

Country

33559

USA

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

7. Name and Address of New Registered Agent

HOWELL, SANDRA L
1214 WINDSOR WAY
LUTZ FL 33559

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

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, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PD ☒ Change ☐ Addition
NAME HOWELL, JAMES
STREET ADDRESS 1214 WINDSOR WAY
CITY-ST-ZIP LUTZ, FL. 33559

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

TITLE ST ☒ Change ☐ Addition
NAME HOWELL, SANDRA
STREET ADDRESS 1214 WINDSOR WAY
CITY-ST-ZIP LUTZ, FL. 33559

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

James N. Howell

JAMES N. HOWELL

4-3-06

813 909 8277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #