## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000017691

1696 W HIBISCUS BLVD STE B

MELBOURNE, FL 32901

Address: City-St-Zip:

Apr 24, 2004 Secretary of State

Entity Name: GRAPHX ENGINEERING, INC. **Current Principal Place of Business: New Principal Place of Business:** 1696 WHIBISCUS BLVD SUITE B MELBOURNE, FL 32901 **New Mailing Address: Current Mailing Address:** 1696 WHIBISCUS BLVD SUITE B MELBOURNE, FL 32901 FEI Number: 59-3494607 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITAKER, RICHARD WHITAKER, RICHARD 301 E. PINE STREET, SUITE 150 3751 MAGUIRE BLVD SUITE 104 P O BOX 540919 ORLANDO, FL 328540919 US ORLANDO, FL 328033289 US 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: 04/24/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition WALTER, JOHN T Name: Name: 1696 W HIBISCUS BLVD, STE B Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: ( ) Delete Title: DV Title: () Change () Addition Name: WALTER, JOHN J Name: 1696 W HIBISCUS BLVD, STE B Address: Address: MELBOURNE, FL 32901 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: DTS () Change () Addition WALTER, CATHERINE B Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CATHERINE B. WALTER DTS 04/24/2004