

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100309

Entity Name: GRAPHICS EXPRESS, INC.

FILED  
Jan 04, 2005  
Secretary of State

**Current Principal Place of Business:**

24109 MINK RD.  
ASTOR, FL 32102

**New Principal Place of Business:**

**Current Mailing Address:**

24109 MINK RD.  
ASTOR, FL 32102

**New Mailing Address:**

FEI Number: 59-3548392

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZATTOLO, CHRISTINE R  
24109 MINK RD.  
ASTOR, FL 32102 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ZATTOLO, CHRISTINE R  
Address: 24109 MINK RD.  
City-St-Zip: ASTOR, FL 32102

Title: VPS ( ) Delete  
Name: SALVATORE, ZATTOLO  
Address: 24109 MINK RD  
City-St-Zip: ASTOR, FL 32102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: CHRISTINE R. ZATTOLO

D

01/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date