

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 218636

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: DOLPH MAP COMPANY INC

**Current Principal Place of Business:**

430 N FEDERAL HWY  
FT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

430 N FEDERAL HWY  
FT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 59-0855945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIGLER, KAREN J  
499 NW 70TH AVENUE, #105  
FORT LAUDERDALE, FL 33317 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: PS ( ) Delete  
Name: DOLPH, RYAN H  
Address: 4201 N E 26 AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: VP ( ) Delete  
Name: O'LOUGHLIN, PATRICK  
Address: 2632 NE 27TH AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33306

**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 exemption stated in Chapter 119, 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: RYAN DOLPH

PRES

01/04/2008

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

\_\_\_\_\_  
Date