## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 647257**

FILED Apr 29, 2005 Secretary of State

Entity Name: COMPUTER MAPPING SERVICES INC.					
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
4053 LAKE WORTH ROAD LAKE WORTH, FL 33461				1000 PASEO CASTALLA WEST PALM BEACH, FL 33405	
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
4053 LAKE WORTH ROAD LAKE WORTH, FL 33461				1000 PASEO CASTALLA WEST PALM BEACH, FL 33405	
FEI Number:	: 59-2469532	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
BOSWORTH, BARRY D. 4053 LAKE WORTH ROAD LAKE WORTH, FL 33461 US			BOSWORTH, BAR 1000 PASEO CAST WEST PALM BEAC	ALLA	
	named entity s of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: BARRY D. BOSWORTH				04/29/2005	
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BILL BOSWOR 222 ALHAMBRA		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () GILLETTE, CHF 17069 GULF PI WELLINGTON,	NE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () BOSWORTH, B 1000 PASEO C W. PALM BEAC	ASTALLA	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	ST ()	Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BARRY D. BOSWORTH Ρ 04/29/2005

CAMPBELL, SHEILA M

LAKE WORTH, FL 33463

137 MARTIN AVE

Name: Address:

City-St-Zip: