

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004328

Entity Name: LANDAIR MAPPING, INC.

FILED
May 08, 2006
Secretary of State

Current Principal Place of Business:

401 DIVIDEND DR., STE. K
PEACHTREE CITY, GA 30269

New Principal Place of Business:

401 DIVIDEND DR.,
SUITE K
PEACHTREE CITY, GA 30269

Current Mailing Address:

401 DIVIDEND DR., STE. K
PEACHTREE CITY, GA 30269

New Mailing Address:

401 DIVIDEND DR.,
SUITE K
PEACHTREE CITY, GA 30269

FEI Number: 22-3813150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PVPS () Delete
Name: OLIVE, RICHARD T
Address: 401 DIVIDEND DR., STE. K
City-St-Zip: PEACHTREE CITY, GA 30269

Title: T () Delete
Name: OLIVE, RICHARD T
Address: 401 DIVIDEND DR., STE. K
City-St-Zip: PEACHTREE CITY, GA 30269

Title: AS () Delete
Name: ORCUTT, PATTY
Address: 401 DIVIDEND DR., STE. K
City-St-Zip: PEACHTREE CITY, GA 30269

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: AS (X) Change () Addition
Name: ORCUTT, PATRICIA
Address: 401 DIVIDEND DR., STE. K
City-St-Zip: PEACHTREE CITY, GA 30269

Title: VP () Change (X) Addition
Name: LONG, CHARLES
Address: 401 DIVIDEND DR. STE. K
City-St-Zip: PEACHTREE CITY, GA 30269

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD T. OLIVE

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05/08/2006

Electronic Signature of Signing Officer or Director

Date