

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000613

Entity Name: TECHMAP, INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

525 CLUBHOUSE DRIVE
SUITE 210
PEACHTREE CITY, GA 30269

New Principal Place of Business:

Current Mailing Address:

525 CLUBHOUSE DRIVE
SUITE 210
PEACHTREE CITY, GA 30269

New Mailing Address:

FEI Number: 14-1858389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MATTHEWS, JOHN E
1648 METROPOLITAN CIRCLE,
SUITE B
TALLAHASSEE, FL 32308 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: VP () Delete
Name: MATTHEWS, JOHN E
Address: 1648 METROPOLITAN CIRCLE,
City-St-Zip: TALLAHASSEE, FL 32308

Title: CP () Delete
Name: CHAPMAN, JENNIFER
Address: 140 IRISH LANE
City-St-Zip: TYRONE, GA 30290

Title: VCPV () Delete
Name: OLIVE, LESLIE
Address: 5400 ROSWELL ROAD
City-St-Zip: ATLANTA, GA 30342

Title: S () Delete
Name: OLIVE, DARLA
Address: 406 CIMARRON PARK
City-St-Zip: PEACHTREE CITY, GA 30269

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LESLIE OLIVE

VP

04/13/2009

Electronic Signature of Signing Officer or Director

Date