

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90208 001 \*\*\*150.00

**DOCUMENT # F55615**

1. Entity Name  
**REED W. MAPES, INC.**



Principal Place of Business  
**525 8TH STREET WEST  
BRADENTON, FL 34205**

Mailing Address  
**525 8TH STREET WEST  
BRADENTON, FL 34205**

40055850



2. Principal Place of Business  
**417-12th ST W  
Suite, Apt. #, etc.  
209**

3. Mailing Address  
**P.O. BOX 361  
Suite, Apt. #, etc.**

04132006 Chg-P CR2E034 (11/05)

City & State  
**Bradenton  
Zip  
34205**

City & State  
**Bradenton  
Zip  
34206**

4. FEI Number  
**59-2138495**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MAPES, REED W  
525 8TH ST W  
BRADENTON, FL 34205**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**417-12th ST W SUITE 209  
City Bradenton FL Zip Code 34205**

8. The above named entity submits this statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/06

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MAPES, REED W.	
STREET ADDRESS	525 8TH ST W	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	S	<input type="checkbox"/> Delete
NAME	MAPES, MARY D.	
STREET ADDRESS	525 8TH ST W	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FOWLER, MICHELE	
STREET ADDRESS	525 8TH STREET WEST	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	417-12th ST W, SUITE 209
CITY-ST-ZIP	Bradenton FL 34205
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	417-12th ST W, SUITE 209
CITY-ST-ZIP	Bradenton, FL 34205
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	417-12th ST W, SUITE 209
CITY-ST-ZIP	Bradenton, FL 34205
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/06