

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90051 004 ***150.00

DOCUMENT # F94000003414

1. Entity Name
MAP COMMUNICATIONS, INC.



RECEIVED
JAN 04 2005

Principal Place of Business
**840 GREENBRIER CIRCLE
SUITE 202
CHESAPEAKE, VA 23320**

Mailing Address
**840 GREENBRIER CIRCLE
SUITE 202
CHESAPEAKE, VA 23320**

50013097



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

22-3064901

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NR&I SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEOD** ☐ Delete
NAME **MORRISON, GARRY**
STREET ADDRESS **516 LIGHTHOUSE DRIVE**
CITY-ST-ZIP **VIRGINIA BEACH, VA 23451**

TITLE **Chairman/Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DAVIES, GRAHAM**
STREET ADDRESS **2886 MACAO DR**
CITY-ST-ZIP **HERNDON, VA 20171**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FRAZAR, ED**
STREET ADDRESS **185 BRAFORD PARK DR**
CITY-ST-ZIP **BONNVILLE, AU nsw 2441**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **HUMPHREY, BRONWYN**
STREET ADDRESS **533 SUSAN CONSTANT ROAD**
CITY-ST-ZIP **VIRGINIA BEACH, VA 23451**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **SHERWOOD, DAVE**
STREET ADDRESS **1000 W. PRINCESS ANNE RD.**
CITY-ST-ZIP **NORFOLK, VA 23507**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Service President** ☐ Change ☒ Addition
NAME **Grant Sibley**
STREET ADDRESS **4712 Eden Rock Drive**
CITY-ST-ZIP **Virginia Beach VA. 23451**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 #

1-10-05 757-4241191