2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# F98000006904

Entity Name: PLANGRAPHICS, INC.

Current Principal Place of Business:

112 EAST MAIN STREET
FRANKPORT, KY 40601

New Principal Place of Business:

Current Mailing Address:

112 EAST MAIN STREET
FRANKPORT, KY 40601

New Mailing Address:

FEI Number: 61-0954403 **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: PDC ( ) Delete
Name: ANTENUCCI, JOHN C
Address: 2746 SHADRICK FERRY RD PO BOX1503
City-St-Zip: FRANKFORT, KY 40601

Title: VD ( ) Delete
Name: BEISSER, FRED
Address: 796 TIAGO TRAIL
City-St-Zip: PARKER CO, KY 80138

Title: VS ( ) Delete
Name: RECTOR, JOYCE
Address: 107 WIMBLETON
City-St-Zip: FRANKFORT, KY 40601

Title: V ( ) Delete
Name: KEVANY, MICHAEL
Address: 615 BENNINGTON DRIVE
City-St-Zip: SILVER SPRINGS, MD 20910

Title: T ( ) Delete
Name: MURPHY, GARY W
Address: 8804 DENINGTON DR
City-St-Zip: LOUISVILLE, KY 402225011

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:

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: GARY W. MURPHY T 07/09/2008

Electronic Signature of Signing Officer or Director Date