

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90202 036 \*\*\*150.00

**DOCUMENT # J18882**

1. Entity Name

MAP MASTERS, INC.



Principal Place of Business

5022 SW 91 DR  
GAINESVILLE FL 32608  
US

Mailing Address

P.O. BOX 357102  
GAINESVILLE FL 32635

94062960



MOORE

CR2E034 (11/03)

2. Principal Place of Business

1226 W UNIVERSITY AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

Suite, Apt. #, etc.

4. FEI Number

59-2684029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRAY, JAMES F  
3615 NW 13 ST  
SUITE B  
GAINESVILLE FL 32609

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME HOWE, DAVID A  
STREET ADDRESS 5022 SW 91 DR  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE STD ☐ Delete  
NAME HOWE, KATHRYN B  
STREET ADDRESS 5022 SW 91 DR  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE VP ☐ Delete  
NAME HOWE, ANTHONY  
STREET ADDRESS 2423 NW 69 TERR  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE VP ☒ Delete  
NAME HOWE, JULIA D  
STREET ADDRESS 2423 NW 69 TERR  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7610 SE 170 LONGVIEW LN  
CITY-ST-ZIP THE VILLAGES FL 32162

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7610 SE 170 LONGVIEW LN  
CITY-ST-ZIP THE VILLAGES FL 32162

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6736 CALISTOGA CIR  
CITY-ST-ZIP PORT ORANGE FL 32128

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

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

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:

DAVID A. HOWE  
PRESIDENT

Date

4/15/04 352-378-6012

Daytime Phone #