

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90372 025 \*\*\*150.00

**DOCUMENT # J18882**

1. Entity Name  
MAP MASTERS, INC.



Principal Place of Business  
1226 W UNIVERSITY AVE  
GAINESVILLE, FL 32601  
7610 SE 170 LONGVIEW LN  
US THE VILLAGES FL 32162

Mailing Address  
7610 SE 170 LONGVIEW LN  
THE VILLAGES, FL 32162

**60030252**



01072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	PD
NAME	HOWE, DAVID A
STREET ADDRESS	7610 SE 170 LONGVIEW LN
CITY- ST- ZIP	THE VILLAGES, FL 32162
TITLE	STD
NAME	HOWE, KATHRYN B
STREET ADDRESS	7610 SE 170 LONGVIEW LN
CITY- ST- ZIP	THE VILLAGES, FL 32162
TITLE	VP
NAME	HOWE, ANTHONY
STREET ADDRESS	6736 CALISTOGA CIR
CITY- ST- ZIP	PORT ORANGE, FL 32128
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Kathryn B Howe* KATHRYN B HOWE

352-751-4874  
4/15/06

Date Daytime Phone #