

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J18882

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: MAP MASTERS, INC.

**Current Principal Place of Business:**

7610 SE 170 LONGVIEW LN  
THE VILLAGE, FL 32162 US

**New Principal Place of Business:**

12837 NW 12TH ROAD  
NEWBERRY, FL 32669 US

**Current Mailing Address:**

7610 SE 170 LONGVIEW LN  
THE VILLAGE, FL 32162 US

**New Mailing Address:**

12837 NW 12TH ROAD  
NEWBERRY, FL 32669 US

FEI Number: 59-2684029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOWE, DAVID A  
Address: 7610 SE 170 LONGVIEW LN  
City-St-Zip: THE VILLAGES, FL 32162

Title: STD ( ) Delete  
Name: HOWE, KATHRYN B  
Address: 7610 SE 170 LONGVIEW LN  
City-St-Zip: THE VILLAGES, FL 32162

Title: VP (X) Delete  
Name: HOWE, ANTHONY  
Address: 1346 NW 120 LN  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HOWE, DAVID A  
Address: 12837 NW 12TH ROAD  
City-St-Zip: NEWBERRY, FL 32669

Title: STD (X) Change ( ) Addition  
Name: HOWE, KATHRYN B  
Address: 12837 NW 12TH ROAD  
City-St-Zip: NEWBERRY, FL 32669

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: DAVID A. HOWE

PD

04/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date