2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State
04-07-2008 90040 040 ***150.00

DOCUMENT # K83921

1. Entity Name
MAPLE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
8950 DR MLK ST NORTH STE 130 SAINT PETERSBURG, FL 33702	PO BOX 55368 SAINT PETERSBURG, FL 33732

01302008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1384 - 54th AVE NE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST PETERSBURG FL	City & State
Zip: 33703 Country: USA	Zip Country

4. FEI Number: 65-0129968 ☐ Applied For ☐ Not Applicable

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
WINEHRENNER, JACK M 8950 DR MLK JR ST N STE 130 SAINT PETERSBURG, FL 33702 CORRECT SPELLING	Name: JACK M WINEBRENNER Street Address (P.O. Box Number is Not Acceptable): 1384 - 54th AVE NE City: ST PETERSBURG FL Zip Code: 33703

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (DOTF Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	DS	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	DYSERT, TERRY G		NAME		
STREET ADDRESS	2442 N. PENNSYLVANIA		STREET ADDRESS	508 SE OSCEOLA ST #3	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP	STUART FL 34994	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY ST ZIP			CITY ST ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		

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: Terry G Dysert TERRY DYSERT President Maple Assoc 3/24/08 727/327-1256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #