

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000081632

Entity Name: MAVERICK MAPPING, INC.

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

451 CATHY TRIPP LANE SOUTH  
JACKSONVILLE, FL 32220

**New Principal Place of Business:**

**Current Mailing Address:**

451 CATHY TRIPP LANE SOUTH  
JACKSONVILLE, FL 32220

**New Mailing Address:**

PO BOX 551432  
JACKSONVILLE, FL 32255

FEI Number: 68-0514448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAFELE, GEORGE A  
451 CATHY TRIPP LANE SOUTH  
JACKSONVILLE, FL 32220 US

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

HAFELE, GEORGE A  
CATHY TRIPP LANE SOUTH  
JACKSONVILLE, FL 32220 US

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:

02/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HAFELE, GEORGE A  
Address: PO BOX 551432  
City-St-Zip: JACKSONVILLE, FL 32255

Title: S  
Name: HAFELE, GEORGE A  
Address: PO BOX 551432  
City-St-Zip: JACKSONVILLE, FL 32255

Title: T  
Name: HAFELE, GEORGE A  
Address: PO BOX 551432  
City-St-Zip: JACKSONVILLE, FL 32255

I hereby 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 all other like empowered.

SIGNATURE: GEORGE ALBERT HAFELE

PRES

02/17/2012

Electronic Signature of Signing Officer or Director

Date