

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90121 026 \*\*\*150.00

**DOCUMENT # P05000076795**

1. Entity Name  
LAMAP, INC.



Principal Place of Business  
11112 SAN JOSE BLVD.  
#27  
JACKSONVILLE, FL 32223

Mailing Address  
11112 SAN JOSE BLVD.  
#27  
JACKSONVILLE, FL 32223

40081551



2. Principal Place of Business - No P.O. Box #  
2917 Amelia Bluff Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
2917 Amelia Bluff Dr.  
Suite, Apt. #, etc.

04172008 Chg-P CR2E034 (12/06)

City & State  
Jacksonville, FL.  
Zip 32226 Country Duval

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Jacksonville, FL.  
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4. FEI Number  
20-2911918  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUMBERLAND, HEATHER M  
115 PROFESSIONAL DRIVE  
101  
PONTE VEDRA BEACH, FL 32082

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

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	THYRRING, PAMELA C	
STREET ADDRESS	2917 AMELIA BLUFF DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE	D	<input type="checkbox"/> Delete
NAME	THYRRING, AL E	
STREET ADDRESS	2917 AMELIA BLUFF DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Pamela C. Thyrring Pamela C. Thyrring 4/18/08 904.477.9400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #