

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90029 001 ***150.00

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01232006 Chg-P CR2E034 (11/05)

4. FEI Number **33-1126127** Applied For ☐ Not Applicable ☐

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

DOCUMENT # P05000147291

1. Entity Name
REMAPS REAL ESTATE SERVICES CORPORATION



Principal Place of Business
**1705 NW 57TH ST
GAINESVILLE, FL 32605**

Mailing Address
**1705 NW 57TH ST
GAINESVILLE, FL 32605**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1041

City & State
Douglas GA

Zip
31534

Country
Coffee

6. Name and Address of Current Registered Agent
**MADSON, T.S. II
1705 NW 57TH ST
GAINESVILLE, FL 32605**

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)

Signature, typed or printed name of registered agent and title if applicable. 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	VSTD	<input type="checkbox"/> Delete
NAME	MADSON, T.S. II	
STREET ADDRESS	1705 NW 57TH ST	
CITY-ST-ZIP	GAINESVILLE, FL 32605	

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLACKBURN, BENJAMIN P	
STREET ADDRESS	P.O. BOX 25G	
CITY-ST-ZIP	ALFORD, FL 32420	

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		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: T.S. Madson II **VSTD** **1/24/06** **(912) 383-6719**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #