2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147291

Entity Name: REMAPS REAL ESTATE SERVICES CORPORATION

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1705 NW 57TH ST 1050 MILL ROAD GAINESVILLE, FL 32605 ALFORD, FL 32420 **Current Mailing Address: New Mailing Address:** PO BOX 1041 1050 MILL ROAD DOUGLAS, GA 31534 ALFORD, FL 32420 FEI Number: 33-1126127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MADSON, T.S. II MILTON, ALBERT C 1705 NW 57TH ST 4325 A LAFAYETTE ST GAINESVILLE, FL 32605 US US MARIANNA, FL 32446 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: ALBERT C. MILTON 04/30/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change () Addition VSTD () Delete Title: **PRFS** WILLIAMS, JUDY CARTER II Name: MADSON, T.S. II Name: 1705 NW 57TH ST 1050 MILL ROAD Address: Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: ALFORD, FL 32420 PD Title: VΡ Title: () Delete (X) Change () Addition BLACKBURN, BENJAMIN P BLACKBURN, BENJAMIN P Name: Name: P.O.BOX 25G P.O.BOX 25G Address: Address: ALFORD, FL 32420 ALFORD, FL 32420 City-St-Zip: City-St-Zip: Title: Title: () Delete SEC () Change (X) Addition FETTINGER, JANET Name: Name: 1050 MILL ROAD Address Address: City-St-Zip: City-St-Zip: ALFORD, FL 32420 Title: () Delete Title: TREA () Change (X) Addition NICHOLS, NANCY Name: Name: Address: Address: 1050 MILL ROAD City-St-Zip: City-St-Zip: ALFORD, FL 32420 Title: Title: () Change (X) Addition () Delete WHITEHEAD, JOANNE Name: Name: Address: Address: 1050 MILL ROAD City-St-Zip: City-St-Zip: ALFORD, FL 32420 Title: () Delete Title: () Change (X) Addition Name: Name: MADSON, T.S. 512 SOUTH PETERSON AVENUE Address: Address: City-St-Zip: City-St-Zip: DOUGLAS, GA 31534

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: JUDY CARTER WILLIAMS PRES 04/30/2009