

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147291

FILED
Apr 30, 2009
Secretary of State

Entity Name: REMAPS REAL ESTATE SERVICES CORPORATION

Current Principal Place of Business:

1705 NW 57TH ST
GAINESVILLE, FL 32605

New Principal Place of Business:

1050 MILL ROAD
ALFORD, FL 32420

Current Mailing Address:

PO BOX 1041
DOUGLAS, GA 31534

New Mailing Address:

1050 MILL ROAD
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:

MADSON, T.S. II
1705 NW 57TH ST
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

MILTON, ALBERT C
4325 A LAFAYETTE ST
MARIANNA, FL 32446 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: ALBERT C. MILTON

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSTD () Delete
Name: MADSON, T.S. II
Address: 1705 NW 57TH ST
City-St-Zip: GAINESVILLE, FL 32605

Title: PD () Delete
Name: BLACKBURN, BENJAMIN P
Address: P.O.BOX 25G
City-St-Zip: ALFORD, FL 32420

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WILLIAMS, JUDY CARTER II
Address: 1050 MILL ROAD
City-St-Zip: ALFORD, FL 32420

Title: VP (X) Change () Addition
Name: BLACKBURN, BENJAMIN P
Address: P.O.BOX 25G
City-St-Zip: ALFORD, FL 32420

Title: SEC () Change (X) Addition
Name: FETTINGER, JANET
Address: 1050 MILL ROAD
City-St-Zip: ALFORD, FL 32420

Title: TREA () Change (X) Addition
Name: NICHOLS, NANCY
Address: 1050 MILL ROAD
City-St-Zip: ALFORD, FL 32420

Title: DIR () Change (X) Addition
Name: WHITEHEAD, JOANNE
Address: 1050 MILL ROAD
City-St-Zip: ALFORD, FL 32420

Title: DIR () Change (X) Addition
Name: MADSON, T S
Address: 512 SOUTH PETERSON AVENUE
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

Electronic Signature of Signing Officer or Director

Date