


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000023513</b>	
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1. Entity Name  
MAPSOURCE, INC.

Principal Place of Business  
3100 39TH AVE N  
ST PETERSBURG, FL 33714 US

Mailing Address  
3100 39TH AVE. N.  
ST PETERSBURG, FL 33714 US



03022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3250514	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

INGLE, W. EUGENE  
3100 39TH AVE N  
ST PETERSBURG, FL 33714

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000132026  
04/27/04-80029-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	INGLE, MARIE V
STREET ADDRESS	3100 39TH AVE N
CITY - ST - ZIP	ST. PETERSBURG, FL 33714

TITLE	AS
NAME	INGLE, MARIE V
STREET ADDRESS	3100 39TH AVE N
CITY - ST - ZIP	ST. PETERSBURG, FL 33714

TITLE	DVS
NAME	INGLE, W. EUGENE
STREET ADDRESS	3100 39TH AVE N
CITY - ST - ZIP	ST. PETERSBURG, FL 33714

TITLE	AT
NAME	INGLE, W. EUGENE
STREET ADDRESS	3100 39TH AVE N
CITY - ST - ZIP	ST. PETERSBURG, FL 33714

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** W. Eugene Ingle W. EUGENE INGLE 4/23/04 727-522-6277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #