

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000063287

Entity Name: MAPT, INC.

FILED  
Jan 05, 2006  
Secretary of State

## Current Principal Place of Business:

1080 GOODLETTE ROAD NORTH  
NAPLES, FL 34102

## New Principal Place of Business:

## Current Mailing Address:

1080 GOODLETTE ROAD NORTH  
NAPLES, FL 34102

## New Mailing Address:

FEI Number: 58-2256717

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TURNER, GARY W  
1080 GOODLETTE ROAD NORTH  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: MCCUTCHEON, ANN H  
Address: PO BOX 1709  
City-St-Zip: CHARLESTON, WV 25326

Title: VD ( ) Delete  
Name: MCCUTCHEON, CHRISTOPHER C  
Address: 1855 CHESTNUT ST  
City-St-Zip: SAN FRANCISCO, CA 94123

Title: SD ( ) Delete  
Name: MCCUTCHEON, JOHN H II  
Address: PO BOX 1709  
City-St-Zip: CHARLESTON, WV 25326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: MCCUTCHEON, JOHN H II  
Address: PO BOX 1728  
City-St-Zip: LEWISBURG, WV 24901

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN H MCCUTCHEON II

P

01/05/2006

Electronic Signature of Signing Officer or Director

Date