

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000063287

Entity Name: MAPT, INC.

FILED
Jan 30, 2008
Secretary of State

Current Principal Place of Business:

1080 GOODLETTE ROAD NORTH
NAPLES, FL 34102

New Principal Place of Business:

4620-4666 DELEON DRIVE
PARK PLACE APARTMENTS
FORT MYERS, FL 33907

Current Mailing Address:

1080 GOODLETTE ROAD NORTH
NAPLES, FL 34102

New Mailing Address:

P.O. BOX 748
LEWISBURG, WV 24901 US

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:

MCCUTCHEON, ANN H
4620-4666 DELEON DRIVE
PARK PLACE APARTMENTS
FORT MYERS,, FL 33907 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: ANN H. MCCUTCHEON

01/30/2008

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 1728
City-St-Zip: LEWISBURG, WV 24901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ANN H. MCCUTCHEON

PTD

01/30/2008

Electronic Signature of Signing Officer or Director

Date