

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000063287

Entity Name: MAPT, INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PCMG  
P.O. BOX 60195  
FORT MYER, FL 33906 US

**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:**

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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: TERRY WAYLAND

AGT

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date