
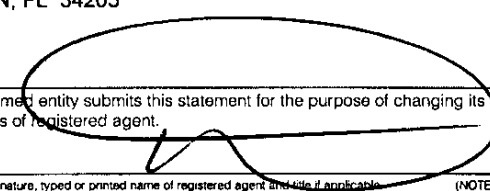
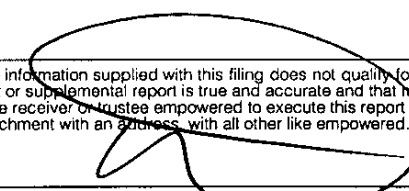


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90208 002 ***150.00

DOCUMENT # P96000073202					
1. Entity Name MAPES & MAPES, INC.					
Principal Place of Business 525 8TH ST W BRADENTON, FL 34205 US			Mailing Address 525 8TH ST W BRADENTON, FL 34205 US		
2. Principal Place of Business 417-12th St W			3. Mailing Address PO Box 361		
Suite, Apt. #, etc. 209			Suite, Apt. #, etc.		
City & State Bradenton			City & State Bradenton		
Zip 34205		Country USA		Zip 34206	
		Country USA		4. FEI Number 65-0689324	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAPES, REED W. 525 8TH ST W BRADENTON, FL 34205			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			417-12th St W Suite 209		
			City Bradenton FL Zip Code 34205		
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 4/17/06		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAPES, REED W 525 8TH ST W BRADENTON, FL 34205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 417-12th St W Suite 209 Bradenton FL 34205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAPES, MARY D 525 8TH ST W BRADENTON, FL 34205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 417-12th St W. Suite 209 Bradenton FL 34205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			DATE 4/17/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40055849



04132006 Chg-P CR2E034 (11/05)