
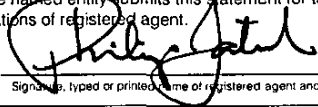
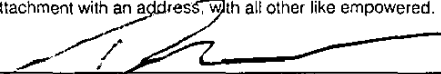


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90223 026 \*\*\*150.00

<b>DOCUMENT # P98000015579</b> 1. Entity Name <b>MAP/OPL, INC.</b>					
Principal Place of Business <b>951 NORTH LAKE SYBELIA DRIVE MAITLAND, FL 32751 US</b>			Mailing Address <b>951 NORTH LAKE SYBELIA DRIVE MAITLAND, FL 32751 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TATICH, PHILIP</b> <b>341 NORTH MAITLAND AVENUE</b> <b>SUITE 340</b> <b>MIAMI, FL 32751</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  <b>1151 N. Orange Ave.</b> City <b>Winter Park</b> <b>FL</b> Zip Code <b>32789</b>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> <b>3/10/06</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD <b>OYLER, THOMAS</b> <b>951 NORTH LAKE SYBELIA DRIVE</b> <b>MAITLAND, FL 32751</b> <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	VD <b>LACEY, RANDALL W</b> <b>106 NAUTILUS DRIVE</b> <b>ISLAMORADA, FL 33036</b> <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	SD <b>PADUCH, GARY F</b> <b>321 OLEANDER WAY</b> <b>CASSELBERRY, FL 32707</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>2/26/06</b> <small>Date Daytime Phone #</small>			

50002951



01032006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3503314**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TATICH, PHILIP**  
**341 NORTH MAITLAND AVENUE**  
**SUITE 340**  
**MIAMI, FL 32751**

Name  
Street Address (P.O. Box Number is Not Acceptable)

**1151 N. Orange Ave.**  
City **Winter Park** **FL** Zip Code **32789**

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CITY-ST-ZIP

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**951 NORTH LAKE SYBELIA DRIVE**  
**MAITLAND, FL 32751**

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☐ Change ☐ Addition

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VD  
**LACEY, RANDALL W**  
**106 NAUTILUS DRIVE**  
**ISLAMORADA, FL 33036**

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SD  
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**CASSELBERRY, FL 32707**

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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/26/06**