

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000018825

Entity Name: MAP ENTERPRISES, INC.

FILED  
Aug 18, 2004  
Secretary of State

## Current Principal Place of Business:

1420 E. ALTAMONTE DR.  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

1149 WALDORF CT.  
WINTER SPRINGS, FL 32708

## Current Mailing Address:

6955 HANGING MOSS RD  
SUITE 106  
ORLANDO, FL 32807

## New Mailing Address:

FEI Number: 59-3566858      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HAMILLA, MIKE  
6955 HANGING MOSS RD, SUITE 106  
ORLANDO, FL 32807      US

## Name and Address of New Registered Agent:

PARKER, ROBIN  
1149 WALDORF CT.  
WINTER SPRINGS, FL 32708      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: ROBIN PARKER

08/18/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD      ( ) Delete  
Name: PARKER, ROBIN  
Address: 1149 WALDORF CT.  
City-St-Zip: WINTER SPRINGS, FL 32708

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V      ( ) Change (X) Addition  
Name: PARKER, DEBORAH  
Address: 1149 WALDORF CT.  
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBIN PARKER

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08/18/2004

Electronic Signature of Signing Officer or Director

Date