


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000032727

1. Entity Name
 MAPLE GENERAL, INC.



Principal Place of Business	Mailing Address
7777 GLADES RD 201 BOCA RATON, FL 33434	7777 GLADES RD 201 BOCA RATON, FL 33434



03042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0924415	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

CROWE, MELISSA
 7777 GLADES ROAD
 STE # 201
 BOCA RATON, FL 33434

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHMIER, JEFFREY L 7777 GLADES RD, STE 201 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EPSTEIN, DAVID 7777 GLADES RD # 201 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROWE, MELISSA 7777 GLADES RD # 201 BOCA RATON, FL 33434
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 3/15/05 561-483-2330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #