


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000102678</b> 1. Entity Name NEW ORLEANS MAP COMPANY, INC.	
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Principal Place of Business 3100 39TH AVE.,NORTH ST. PETERSBURG, FL 33714	Mailing Address 3100 39TH AVE.,NORTH ST. PETERSBURG, FL 33714
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03022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3610806	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  INGLE, W. EUGENE 3100 39 AVENUE NORTH SAINT PETERSBURG, FL 33714	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000132030 04/27/04-80029-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGLE, MARIE V 3100 39TH AVE.,NORTH ST. PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGLE, W. EUGENE 3100 39TH AVE.,NORTH ST. PETERSBURG, FL 33714
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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:** W. Eugene Ingle **W. EUGENE INGLE** 4/23/04 727-522-6277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #