

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 164254

FILED
Mar 12, 2009
Secretary of State

Entity Name: MADISON INDUSTRIES, INC.

Current Principal Place of Business:

151 SE LAKESHORE
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

151 SE LAKESHORE
MADISON, FL 32340

New Mailing Address:

FEI Number: 59-6071275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANTEY, P S JR
211 WEST BASE STREET
MADISON, FL 32340 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIS, J B JR
Address: 151 SE LAKESHORE DR
City-St-Zip: MADISON, FL 32340

Title: P () Delete
Name: SMITH, ARTHUR G
Address: 101 NW FRALEIGH DRIVE
City-St-Zip: MADISON, FL 32340

Title: T () Delete
Name: CLARK, WILLIAM B
Address: 105 S.E. LAKE STREET
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: CANTEY, P S JR
Address: 211 WEST BASE STREET
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: HARDEE, CARY
Address: 215 SE PINCKNEY ST.
City-St-Zip: MADISON, FL

Title: S () Delete
Name: BEGGS, ASHLEY P
Address: 301 N.W. ORANGE STREET
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ARTHUR G. SMITH

P

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date