

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 427554

FILED
Mar 17, 2008
Secretary of State

Entity Name: MADDEN PROPERTIES, INC.

Current Principal Place of Business:

6642 SAN JUAN AVE.
P. O. BOX 60335
JACKSONVILLE, FL 322367335

New Principal Place of Business:

Current Mailing Address:

6642 SAN JUAN AVE.
P. O. BOX 60335
JACKSONVILLE, FL 322367335

New Mailing Address:

FEI Number: 59-1468654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADDEN, GEORGE J.
6642 SAN JUAN AVE
5478 MARINES COVE DR
JACKSONVILLE, FL 32210 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: P () Delete
Name: MADDEN, GEORGE J PRES
Address: 5478 MARINERS COVE DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: V () Delete
Name: MADDEN, WILLIAM J VPRES
Address: 5375 ORTEGA FARMS BLVD #301
City-St-Zip: JACKSONVILLE, FL 32210

Title: TS () Delete
Name: MADDEN, JOHN A S-TREAS
Address: 2606 CENTENNIAL PLACE
City-St-Zip: TALLAHASSEE, FL 32308

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:

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: GEORGE J MADDEN

P

03/17/2008

Electronic Signature of Signing Officer or Director

_____ Date