


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000003794**

1. Entity Name  
**MADYSON CUSTOM HOME BUILDERS, INC.**



Principal Place of Business      Mailing Address

**3216 BEAVER AVE**      **3216 BEAVER AVE**  
**SPRING HILL, FL 34609**      **SPRING HILL, FL 34609**

**DO NOT WRITE IN THIS SPACE**



01262007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**11-3670779**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLOP, STEVEN J**  
**3216 BEAVER AVE**  
**SPRING HILL, FL 34609**

**DO NOT WRITE IN THIS SPACE**

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: *Steven J Holop*      *Heather Holop*      3-5-07

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	HOLOP, STEVEN J
STREET ADDRESS	3216 BEAVER AVE
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	VPS
NAME	HOLOP, HEATHER S
STREET ADDRESS	3216 BEAVER AVE.
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/07-80027-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Steven J Holop*      *Heather Holop*      3-5-07

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