

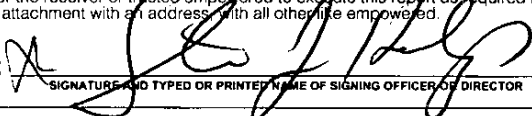


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90006 018 \*\*\*150.00

DOCUMENT # P03000003794			
1. Entity Name MADYSON CUSTOM HOME BUILDERS, INC.			
Principal Place of Business 3216 BEAVER AVE SPRING HILL, FL 34609		Mailing Address 3216 BEAVER AVE SPRING HILL, FL 34609	
2. Principal Place of Business - No P.O. Box # 12179 Pioneer Ave Suite, Apt. #, etc.		3. Mailing Address 12179 Pioneer Ave Suite, Apt. #, etc.	
City & State Brooksville, FL		City & State Brooksville, FL	
Zip 34614		Country USA	
4. FEI Number 11-3670779		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLOP, STEVEN J 3216 BEAVER AVE SPRING HILL, FL 34609		7. Name and Address of New Registered Agent Name: Holop, Steven J Street Address (P.O. Box Number is Not Acceptable): 12179 Pioneer Ave City: Brooksville FL Zip Code: 34614	
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HOLOP, STEVEN J 3216 BEAVER AVE SPRING HILL, FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12179 Pioneer Ave Brooksville FL 34614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HOLOP, HEATHER S 3216 BEAVER AVE SPRING HILL, FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12179 Pioneer Ave Brooksville FL 34614
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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: 		Date: 2/5/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	