

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000021309

**Entity Name:** MADISON RESTORATION GROUP INC.**Current Principal Place of Business:**1424 CANDY COURT  
SAINT JOHNS, FL 32259**Current Mailing Address:**1424 CANDY COURT  
SAINT JOHNS, FL 32259**FEI Number:** 47-3338252**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MACINNES, DAVID A SR.  
1424 CANDY COURT  
SAINT JOHNS, FL 32259 US*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

**Officer/Director Detail :**

Title P  
Name MACINNES, DAVID A SR.  
Address 1424 CANDY COURT  
City-State-Zip: SAINT JOHNS FL 32259

Title SEC  
Name AQUINO-MACINNES , MARIA I  
Address 1424 CANDY COURT  
City-State-Zip: SAINT JOHNS FL 32259

Title DIR  
Name MACINNES, DAVID A SR.  
Address 1424 CANDY COURT  
City-State-Zip: SAINT JOHNS FL 32259

Title VP  
Name AQUINO-MACINNES , MARIA I  
Address 1424 CANDY COURT  
City-State-Zip: SAINT JOHNS FL 32259

Title TRE  
Name MACINNES, DAVID A SR.  
Address 1424 CANDY COURT  
City-State-Zip: SAINT JOHNS FL 32259

Title DIR  
Name AQUINO-MACINNES , MARIA I  
Address 1424 CANDY COURT  
City-State-Zip: SAINT JOHNS FL 32259

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARIA AQUINO-MACINNES

VP/OWNER

02/04/2021

Electronic Signature of Signing Officer/Director Detail

Date