

2016 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 M, ARIA A
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 M, ARIA A
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 M, ARIA A
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: DAVID A. MACINNES SR.**PRESIDENT/OWNER****03/17/2016**

Electronic Signature of Signing Officer/Director Detail

Date