

2020 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	VP
Name	AQUINO-MACINNES , MARIA I
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	TRE
Name	MACINNES, DAVID A SR.
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	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 I AQUINO-MACINNES

VP/OWNER

02/06/2020

Electronic Signature of Signing Officer/Director Detail_____
Date