

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 164254

1. Entity Name
MADISON INDUSTRIES, INC.



Principal Place of Business
**C/O J.B. DAVIS JR.
420 LAKE SHORE DR.
MADISON, FL 32340**

Mailing Address
**C/O J.B. DAVIS JR.
420 LAKE SHORE DR.
MADISON, FL 32340**



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6071275

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CANTEY, P S JR
211 WEST BASE STREET
MADISON, FL 32340**

**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 _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, J B JR
STREET ADDRESS	420 LAKESHORE DRIVE
CITY-ST-ZIP	MADISON, FL 32340
TITLE	P
NAME	SMITH, ARTHUR G
STREET ADDRESS	101 NW FRALEIGH DRIVE
CITY-ST-ZIP	MADISON, FL 32340
TITLE	T
NAME	CLARK, WILLIAM B
STREET ADDRESS	105 S.E. LAKE STREET
CITY-ST-ZIP	MADISON, FL 32340
TITLE	D
NAME	CANTEY, P S JR
STREET ADDRESS	211 WEST BASE STREET
CITY-ST-ZIP	MADISON, FL 32340
TITLE	D
NAME	HARDEE, CARY
STREET ADDRESS	215 SE PINCKNEY ST.
CITY-ST-ZIP	MADISON, FL
TITLE	S
NAME	BEGGS, ASHLEY P
STREET ADDRESS	301 N.W. ORANGE STREET
CITY-ST-ZIP	MADISON, FL 32340

02/18/05-80020-003 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____