


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90199 030 ***150.00

DOCUMENT # 164254	
1. Entity Name MADISON INDUSTRIES, INC.	

Principal Place of Business C/O J.B. DAVIS JR. 151 S.E. Lakeshore Drive Madison, Florida 32340	Mailing Address C/O J.B. DAVIS JR. 151 S.E. Lakeshore Drive Madison, Florida 32340
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DO NOT WRITE IN THIS SPACE



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-6071275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, J B JR 151 S.E. Lakeshore Drive Madison, Florida 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, ARTHUR G 101 NW FRALEIGH DRIVE MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARK, WILLIAM B 105 S.E. LAKE STREET MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTEY, P S JR 211 WEST BASE STREET MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDEE, CARY 215 SE PINCKNEY ST. MADISON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEGGS, ASHLEY P 301 N.W. ORANGE STREET MADISON, FL 32340

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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: *J. Davis* **850 4-25-06 973-2215**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #