


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90092 020 ***150.00


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



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
151 SE Lakeshore Dr *151 SE Lakeshore Dr*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

40047101

 03282007 Chg-P CR2E034 (12/06)
 4. FEI Number Applied For
59-6071275 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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, J B JR			NAME	<i>151 SE Lakeshore Dr</i>		
STREET ADDRESS	420 LAKESHORE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	MADISON, FL 32340			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, ARTHUR G			NAME			
STREET ADDRESS	101 NW FRALEIGH DRIVE			STREET ADDRESS			
CITY-ST-ZIP	MADISON, FL 32340			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARK, WILLIAM B			NAME			
STREET ADDRESS	105 S.E. LAKE STREET			STREET ADDRESS			
CITY-ST-ZIP	MADISON, FL 32340			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANTEY, P S JR			NAME			
STREET ADDRESS	211 WEST BASE STREET			STREET ADDRESS			
CITY-ST-ZIP	MADISON, FL 32340			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDEE, CARY			NAME			
STREET ADDRESS	215 SE PINCKNEY ST.			STREET ADDRESS			
CITY-ST-ZIP	MADISON, FL			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEGGS, ASHLEY P			NAME			
STREET ADDRESS	301 N.W. ORANGE STREET			STREET ADDRESS			
CITY-ST-ZIP	MADISON, FL 32340			CITY-ST-ZIP			

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: *P Davis Jr* *3-30-07*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #