

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 164254**

1. Entity Name  
**MADISON INDUSTRIES, INC.**



Principal Place of Business

**151 SE LAKESHORE  
MADISON, FL 32340**

Mailing Address

**151 SE LAKESHORE  
MADISON, FL 32340**



03172008 No Chg-P CR2E034 (11/05)

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100000891269  
04/23/08-80019-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DAVIS, J B JR
STREET ADDRESS	151 SE LAKESHORE DR
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

**DO NOT WRITE  
IN THIS SPACE**

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:**

*C. Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-08 850 913-2215

Date

Daytime Phone #