

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 295506

FILED
May 01, 2007
Secretary of State

Entity Name: MADISON AUTO & TRACTOR PARTS, INC.

Current Principal Place of Business:

253 S DUVAL AVE
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

253 S DUVAL AVE
MADISON, FL 32340

New Mailing Address:

FEI Number: 59-1105438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARFIELD, W A
253 S DUVAL AVE
MADISON, FL 32340 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BARFIELD, BARBARA
Address: 253 S DUVAL AVE
City-St-Zip: MADISON, FL

Title: PD () Delete
Name: BARFIELD, D.W.A.
Address: 253 S DUVAL AVE
City-St-Zip: MADISON, FL

Title: ST () Delete
Name: BARFIELD, JOHN B
Address: 253 S DUVAL AVE
City-St-Zip: MADISON, FL 32340

Title: V () Delete
Name: BARFIELD, MIKE
Address: 253 S DUVAL AVE
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: W A BARFIELD

PRES

05/01/2007

Electronic Signature of Signing Officer or Director

Date