

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 427554

FILED  
Jan 12, 2004  
Secretary of State

Entity Name: MADDEN PROPERTIES, INC.

**Current Principal Place of Business:**

6642 SAN JUAN AVE.  
P. O. BOX 60335  
JACKSONVILLE, FL 322367335

**New Principal Place of Business:**

**Current Mailing Address:**

6642 SAN JUAN AVE.  
P. O. BOX 60335  
JACKSONVILLE, FL 322367335

**New Mailing Address:**

FEI Number: 59-1468654      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MADDEN, GEORGE J.  
6642 SAN JUAN AVE  
5478 MARINES COVE DR  
JACKSONVILLE, FL 32210 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MADDEN, GEORGE J.,  
Address: 5478 MARINERS COVE DR  
City-St-Zip: JACKSONVILLE, FL 32210

Title: V ( ) Delete  
Name: MADDEN, WILLIAM J.,  
Address: 5039 TIMUQUANA RD APT #22  
City-St-Zip: JACKSONVILLE, FL 32210

Title: TS ( ) Delete  
Name: MADDEN, JOHN A.,  
Address: 2878 MAHAN DR  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MADDEN, GEORGE J PRES  
Address: 5478 MARINERS COVE DR  
City-St-Zip: JACKSONVILLE, FL 32210

Title: V (X) Change ( ) Addition  
Name: MADDEN, WILLIAM J VPRES  
Address: 5039 TIMUQUANA RD APT #22  
City-St-Zip: JACKSONVILLE, FL 32210

Title: TS (X) Change ( ) Addition  
Name: MADDEN, JOHN A S-TREAS  
Address: 2878 MAHAN DR  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN A. MADDEN

Electronic Signature of Signing Officer or Director

TREA

01/12/2004

\_\_\_\_\_ Date