2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 562593

1. Entity Name

MADERA CONSTRUCTION, INC.



Principal Place of Business

1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837-9259 Mailing Address

1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837-9259

FILED Apr 11, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

04082008 No Chg-P

CR2E034 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DENNIS P DARMOC 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837

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

-80045-019 150.00

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

U0000008**91**944

OFFICERS AND DIRECTORS 10. VSD TITLE WOODSBY, RONALD E NAME STREET ADDRESS 1445 OAKLAWN PL CITY - ST - ZIP LAKELAND, FL 33803 PTD TITLE WOODSBY, CHARLES E NAME 8959 BAY COVE COURT STREET ADDRESS CITY - ST-ZIP ORLANDO, FL 0, 32819 ST TITLE DARMOC, DENNIS P. NAME STREET ADDRESS 1950 LEGION DR WINTER PARK, FL 32789 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secitoms

4/9/08

407 -851-8400

Date

Daytime Phone #