

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90264 030 ***150.00

DOCUMENT # F99000001789



1. Entity Name
MADISON GROUP CONTRACTING, INC.

Principal Place of Business
**11275 GLEN BIRNHAM
EADS, TN 38028**

Mailing Address
**6423 SHELBY VIEW DR.
SUITE 112
MEMPHIS, TN 38134**

94076221



2. Principal Place of Business

6423 Shelby View Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite 112

Suite, Apt. #, etc.

01052004

Chg-P

CR2E034 (10/03)

City & State

Memphis TN

City & State

4. FEI Number

62-1490335

Applied For

Not Applicable

Zip

38134

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PENTECOST, JIM	
STREET ADDRESS	11275 GLEN BIRNHAM	
CITY-ST-ZIP	EADS, TN 38028	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENTECOST, DON	
STREET ADDRESS	11275 GLEN BIRNHAM	
CITY-ST-ZIP	EADS, TN 38028	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOWEN, MARY P	
STREET ADDRESS	11275 GLEN BIRNHAM	
CITY-ST-ZIP	EADS, TN 38028	
TITLE	V	<input type="checkbox"/> Delete
NAME	PITTS, MARTHA	
STREET ADDRESS	11275 GLEN BIRNHAM	
CITY-ST-ZIP	EADS, TN 38028	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMAS, TERESA	
STREET ADDRESS	11275 GLEN BIRNHAM	
CITY-ST-ZIP	EADS, TN 38028	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Bowen, Edgar E.	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	11275 Glen Birnham	
CITY-ST-ZIP	Eads TN 38028	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Martha Pitts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-06-04

Date

901-381-2624

Daytime Phone #