



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90155 009 ***150.00

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # F99000001789 1. Entity Name MADISON GROUP CONTRACTING, INC. | | | |  | |
| Principal Place of Business 6425 SHELBY VIEW DRIVE STE 112 MEMPHIS, TN 38134 | | | Mailing Address 6423 SHELBY VIEW DR. SUITE 112 MEMPHIS, TN 38134 | | |
| 2. Principal Place of Business 6423 Shelby View Dr Ste 112 Suite, Apt. #, etc. Memphis TN City & State 38134 Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | |  | |
| 2222005 Chg-P CR2E034 (10/03) | | 4. FEI Number 62-1490335 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PENTECOST, JIM 11275 GLEN BIRNHAM EADS, TN 38028 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Officers Names + Title are the same. Change Address on each one. 6423 Shelby View Dr Ste 112 Memphis TN 38134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PENTECOST, DON 11275 GLEN BIRNHAM EADS, TN 38028 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | " <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BOWEN, MARY P 11275 GLEN BIRNHAM EADS, TN 38028 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | " <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PITTS, MARTHA 11275 GLEN BIRNHAM EADS, TN 38028 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | " <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S THOMAS, TERESA 11275 GLEN BIRNHAM EADS, TN 38028 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | " <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BOWEN, EDGAR E 11275 GLEN BIRNHAM EADS, TN 38028 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | " <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: <u>Martha Pitts</u> | | 2-22-05 | | 901-381-2624 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |