2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H00567

FILED Feb 17, 2005 Secretary of State

					,	
Entity Nai	me: MADER S	OUTHEAST, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
8150 PRES	SIDENTS DR.), FL 32809					
Current Mailing Address:			New Mailing Address:			
	SIDENTS DR.), FL 32809					
FEI Number:	: 59-2415354	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
20 N. EÓL		a. Us				
The above in the State	named entity s e of Florida.	ubmits this statement for the p	urpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	c Signature of Registered Age	nt		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	S () JOHNSON, JEAI 801 MARSHALL OCOEE, FL		Title: Name: Address: City-St-Zip:	S (X JOHNSON, JEA 8150 PRESIDE ORLANDO, FL	ENTS DRIVE	
Title: Name: Address: City-St-Zip:	P () JOHNSON, THO 801 MARSHALL OCOEE, FL		Title: Name: Address: City-St-Zip:	P (X THOMAS, THO 8150 PRESIDE ORLANDO, FL	NTS DRIVE	
Title: Name: Address: City-St-Zip:	VP () JOHNSON, THO 801 MASHALL F OCOEE, FL		Title: Name: Address: City-St-Zip:	VP (X JOHNSON, THO 8150 PRESIDE ORLANDO, FL	NTS DRIVE	
Title: Name:	VP () MOREHEAD, JA	Delete MES	Title: Name:	VP (X MOREHEAD. J.) Change()Addition AMES	

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.

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

801 PRESIDENTS DRIVE

CODDINGTON, JAMES C

801 PRESIDENTS DRIVE

(X) Change () Addition

ORLANDO, FL

ORLANDO, FL

SIGNATURE: THOMAS M. JOHNSON SR. **PRES** 02/17/2005

CODDINGTON, JAMES C

OCOEE, FL

OCOEE, FL

801 MARSHALL FARMS ROAD

801 MARSHALL FARMS ROAD

() Delete

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip: