


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb-01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H70818</b> 1. Entity Name MADISON LIVESTOCK MARKET, INC.	
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Principal Place of Business C/O GEORGE ALVIN TOWNSEND HIGHWAY 53 SOUTH, ROUTE 1 MADISON, FL 32340	Mailing Address P.O. BOX 577 MADISON, FL 32341 US
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**DO NOT WRITE IN THIS SPACE**

01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2955631	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

TOWNSEND, GEORGE ALVIN  
HIGHWAY 53 SOUTH, ROUTE 1  
MADISON, FL

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOWNSEND, GEORGE A. 4150 NE DAYILLY AVE. PINETTA, FL 32350
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GREINER, THOMAS F. RT. 1, BOX 3410 MADISON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GREINER, BARBARA T. RT. 1, BOX 3410 MADISON, FL
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02/02/05-80004-008 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: George A. Townsend 1/31/05 850-973-4094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

George A. Townsend