

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L25655

Entity Name: J. C. MADOMO, INC.

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

5417 DELEON LANE
ELKTON, FL 32033 US

New Principal Place of Business:

324 HEFFERON DR
SAINT AUGUSTINE, FL 32084 US

Current Mailing Address:

5417 DELEON LANE
ELKTON, FL 32033 US

New Mailing Address:

324 HEFFERON DR
SAINT AUGUSTINE, FL 32084 US

FEI Number: 22-2626968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCABE, JOHN C
5417 DELEON LANE
ELKTON, FL 32033 US

Name and Address of New Registered Agent:

MCCABE, JOHN C
324 HEFFERON DR
SAINT AUGUSTINE, FL 32084 US

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.

SIGNATURE: JOHN C MCCABE

01/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: MCCABE, JOHN C.,
Address: 5417 DELEON LANE
City-St-Zip: ELKTON, FL 32033

Title: VPS () Delete
Name: MC CABE, DORIS L.,
Address: 5417 DELEON LANE
City-St-Zip: ELKTON, FL 32033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: MCCABE, JOHN C.,
Address: 324 HEFFERON DR
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: VPS (X) Change () Addition
Name: MC CABE, DORIS L.,
Address: 324 HEFFERON DR
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: DORIS L. MCCABE

VPS

01/11/2008

Electronic Signature of Signing Officer or Director

Date