

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90517 020 ***150.00

<div>UNYEOUOI y M79408</div> <div>1. Entity Name JOHN MADER ENTERPRISES, INC.</div>		<div>05-02-2005 90517 020 ***150.00</div>																																									
<div>Principal Place of Business 18161 N. TAMiami TRAIL NORTH FT. MYERS, FL 33903</div>		<div>Mailing Address 18161 N. TAMiami TRAIL NORTH FT. MYERS, FL 33903</div>																																									
<div>DO NOT WRITE IN THIS SPACE</div>		<div><div>03252005 0±Y, 1æ YÍ i Üöri æ ðñí +</div><div>4. FEI Number 65-0048538</div><div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75</div></div>																																									
<div>6. Name and Address of Current Registered Agent MADER, JOHN R. 3865 N. TAMiami TRAIL N. FT. MYERS, FL 33903</div>		<div>DO NOT WRITE IN THIS SPACE</div>																																									
<div>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.</div> <div>SIGNATURE _____ DATE _____</div>																																											
<div>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</div>		<div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00</div>																																									
<div>10. OFFICERS AND DIRECTORS</div> <table border="1"><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>MADER, JOHN R.</td></tr><tr><td>STREET ADDRESS</td><td>3865 N. TAMiami TRAIL</td></tr><tr><td>CITY-ST-ZIP</td><td>N. FT. MYERS, FL</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	D	NAME	MADER, JOHN R.	STREET ADDRESS	3865 N. TAMiami TRAIL	CITY-ST-ZIP	N. FT. MYERS, FL	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<div>DO NOT WRITE IN THIS SPACE</div>	
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<div>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.</div> <div>SIGNATURE: <i>John R Mader</i> 4/28/05 (239)731-5455</div>																																											