2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATORE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNUAL REPORT (AR)				FILED	
DOCUMENT # P0000075170 1. Entity Name MADSEN/BARR CORPORATION				Feb 08, 2005 08:00 AM Secretary of State	
Principal Place of Business 12113 INDIAN MOUND RD. LAKE WORTH FL 33467		Mailing Address 12113 INDIAN MOUNE LAKE WORTH FL 3346			
Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt #, etc		1st MOORE CR2E034 (10/04)	
City & State		City & State		4. FEI Number 65-1032119 Applied For Not Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
BARR, JOHN 12113 INDIAN MOUND RD. LAKE WORTH FL 33467			Name Street Address	(P.O. Box Number is Not Acceptable)	
) (City	FL Zip Code	
The above named entity submits this statement for the purpose of changing the obligations of registered agent.			rêgîstered office or registe	,	
SIGNATURE	Signature typed or printed name of registered agen	t and tifle if applicable NOTE	Registerbd Agant signature l'aquire	d when reinstating) DATE	
After	TILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department of	o`	 	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
MILE NAME STREET ADDRESS CITY-ST-ZIP	PVTS BARR, JOHN 12113 INDIAN MOUND RD. LAKE WORTH FL 33467	L Defete :	TITLE NAME STREEL ADDRESS GITY-ST-ZIP	☐ Change ☐ Addition U00000220239 02/08/05-80062-005 150.00	
TITLE NAME STREET ADDRESS	D BARR, JOHN 12113 INDIAN MOUND RD.	☐ Delete	TITLE NAME STREEL AUDRESS	☐ Change ☐ Addition	
THE NAME	SD ERRO, NICK	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	12113 INDIAN MOUND RD LAKE WORTH FL 33467	· 	STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLARK, TERRY 12113 INDIAN MOUND RD LAKE WORTH FL 33467	☐ Delete	TITLE NAME STREET AUDRESS CITY ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST-ZIP		• □ Delete	TITLE NAME STREET AGORESS CITY: ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address,	of this filing does not qualify for to strue and accurate and that my owered to execute this report a with all other like empowered.	the exemption stated in Se y signature shall have the is required by Chapter 607	ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or Block 11 if	

Daytime Phone #

Date