## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000075170

**Entity Name: MADSEN/BARR CORPORATION** 

**FILED** Mar 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

12113 INDIAN MOUND RD. 12113 INDIAN MOUND RD. LAKE WORTH, FL 33449 WELLINGTON, FL 33449

**Current Mailing Address: New Mailing Address:** 

12113 INDIAN MOUND RD 12113 INDIAN MOUND RD. LAKE WORTH, FL 33449 WELLINGTON, FL 33449

FEI Number: 65-1032119 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARR, JOHN BARR, JOHN 12113 INDIAN MOUND RD. 12113 INDIAN MOUND RD. LAKE WORTH, FL 33449 US WELLINGTON, FL 33449 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 BARR 03/23/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**PVTS** () Delete Title: **PVTS** (X) Change ( ) Addition

Title: Name: BARR, JOHN Name: BARR, JOHN 12113 INDIAN MOUND RD. 12113 INDIAN MOUND RD. Address: Address:

City-St-Zip: LAKE WORTH, FL 33449 City-St-Zip: WELLINGTON, FL 33449

Title: Title: () Delete (X) Change ( ) Addition BARR, JOHN BARR, JOHN Name: Name:

12113 INDIAN MOUND RD. 12113 INDIAN MOUND RD. Address: Address:

LAKE WORTH, FL 33449 WELLINGTON, FL 33449 City-St-Zip: City-St-Zip:

Title: Title: SD ( ) Delete SD (X) Change ( ) Addition

ERRO, NICK ERRO, NICK Name: Name: 12113 INDIAN MOUND RD 12113 INDIAN MOUND RD Address: Address:

City-St-Zip: LAKE WORTH, FL 33449 City-St-Zip: WELLINGTON, FL 33449

Title: VD () Delete Title: VD (X) Change ( ) Addition

CLARK, TERRY CLARK, TERRY Name: Name:

Address: 12113 INDIAN MOUND RD Address: 12113 INDIAN MOUND RD City-St-Zip: LAKE WORTH, FL 33449 City-St-Zip: WELLINGTON, FL 33449

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: JOHN BARR **PRES** 03/23/2009