

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90401 027 ***150.00

DOCUMENT # P01000036445

1. Entity Name

MADISON AVE. ADVERTISING & PUBLISHING, INC.



Principal Place of Business

**501 ST. ANDREWS DR
SARASOTA FL 34243**

Mailing Address

~~P.O. BOX~~
~~SRQ FL~~ **Mr. Richard M. Bergere**
PO Box 11450
Bradenton, FL 34282

2. Principal Place of Business

3. Mailing Address

P.O. Box 11450

Suite, Apt. #, etc.

BRADENTON

City & State

FLORIDA

Zip

34282

Country

MAINE



MOORE

CR2E034 (11/03)

4. FEI Number

65-1095667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERGERE, RICHARD

Mr. Richard Bergere
501 Saint Andrews Dr.
Sarasota, FL 34243-1629

501 ST ANDREWS DRIVE
SRQ, FL
34243

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.26.04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BERGERE, RICHARD MICHAEL**
STREET ADDRESS **501 ST. ANDREWS DR**
CITY - ST - ZIP **SARASOTA FL 34243**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #