## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P01000036445**

1. Entity Name

MADISON AVE. ADVERTISING & PUBLISHING, INC.



03192005

4. FEI Number

FILED Mar 31, 2005 08:00 AM Secretary of State

CR2E034 (10/03)

Applied For

Principal Place of Business

501 ST.ANDREWS DR SARASOTA, FL 34243 Mailing Address

P.O. BOX 11450 BRADENTON, FL 34282



No Chg-P

			65-109	5667		Not Applicable
			5. Certificate	of Status Desired	□ \$8.75 Fee Re	Additional quired
	6. Name and Address of Current Regis	tered Agent			y= -==- • • • • •	
BERGERE, RICHARD 501 ST. ANDREWS DR. SARASOTA, FL 34243			DO NOT WRITE IN THIS SPACE			
8. The above the obligated SIGNATURE.	named entity submits this statement for the plant of registered agent.	surpose of changing its registered office of	or registered agent, or bo	th, in the State of Flo	ida. I am familiar	with, and accept
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating					DATE	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution,	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGERE, RICHARD M 501 ST.ANDREWS DR SARASOTA, FL 34243	· · -			82549 20044_022	150 00
TITLE				001 0 1 1 00 TO	220-44005	120.00
NAME STREET ADDRESS CITY-ST-ZIP					*	47.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	THIS SP	ACE	

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 an other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARO M BERGEDE

3.28.05