

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 25 PM 12:32

DOCUMENT # P01000046115

1. Entity Name

MADISON BANCSHARES, INC.



Principal Place of Business

35388 US HWY. 19 N.
PALM HARBOR FL 34684

Mailing Address

34911 US HWY 19 N
STE 600
PALM HARBOR FL 34684

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3720289

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

IGLER & DOUGHERTY, P.A
1501 PARK AVE. E.
TALLAHASSEE FL 32301

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

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

TITLE	S	<input type="checkbox"/> Delete
NAME	BYRD, ROBERT W	
STREET ADDRESS	35388 US HWY. 19 N.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANTONIS, GEORGE M	
STREET ADDRESS	35388 US HWY. 19 N.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTRIOTA, THOMAS A	
STREET ADDRESS	35388 US HWY. 19 N.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	COULTER, WAYNE R	
STREET ADDRESS	35388 US HWY. 19 N.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	C	<input type="checkbox"/> Delete
NAME	CUTLER, MELVIN S	
STREET ADDRESS	35388 US HWY. 19 N.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCGIVNEY, ROBERT B	
STREET ADDRESS	35388 US HWY. 19 N.	
CITY-ST-ZIP	PALM HARBOR FL 34684	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000065146
CITY-ST-ZIP	02/25/04-80026-006 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SEE CONTINUATION OF BLKS. 10 & 11 ATTACHED

SIGNATURE: *Martin W. Gladysz* MARTIN W. GLADYSZ

2/20/04

727-786-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CONTINUATION OF BLOCK 10 - OFFICERS & DIRECTORS

TITLE: D
NAME: PAUL J. WIKLE
STREET ADDRESS: 33 CENTRAL COURT
CITY-STATE-ZIP: TARPON SPRINGS, FL 34689

TITLE: V/AS
NAME: DAVID PAETZOLD
STREET ADDRESS: 35388 US HWY 19 NORTH
CITY-STATE-ZIP: PALM HARBOR, FL 34684

TITLE: V/T/AS
NAME: MARTIN W. GLADYSZ
STREET ADDRESS: 34911 US HWY 19 NORTH
CITY-STATE-ZIP: PALM HARBOR, FL 34684

TITLE: V/AS
NAME: MARGARET M. ORR
STREET ADDRESS: 34911 US HWY 19 NORTH
CITY-STATE-ZIP: PALM HARBOR, FL 34684

TITLE: AS
NAME: ARLENE V. PHILLIPS
STREET ADDRESS: 35388 US HWY 19 NORTH
CITY-STATE-ZIP: PALM HARBOR, FL 34684

CONTINUATION OF BLOCK 11 - ADDITION/CHANGES TO OFFICERS/DIRECTORS**DELETE OFFICER**

TITLE: V/AS
NAME: O. B. YOUNG, III
STREET ADDRESS: 35388 US HWY 19 NORTH
CITY-STATE-ZIP: PALM HARBOR, FL 34684