
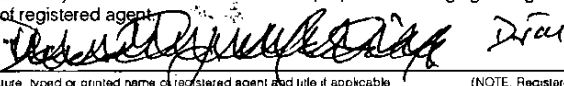
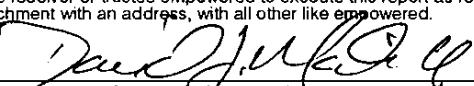


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90021 032 \*\*\*150.00

DOCUMENT # P02000016462			
1. Entity Name DAVID J. MADILL, P.A.			
Principal Place of Business 2705 WINDSUM WAY TAMPA FL 33618		Mailing Address 2705 WINDSUM WAY TAMPA FL 33618	
2. Principal Place of Business 1443 KENSINGTON WOODS DR. Suite, Apt. #, etc.		3. Mailing Address 1443 KENSINGTON WOODS DR. Suite, Apt. #, etc.	
City & State LUTZ, FL		City & State LUTZ, FL	
Zip 33549	Country USA	Zip 33549	Country USA
6. Name and Address of Current Registered Agent MADILL, DAVID J 2705 WINDSUM WAY TAMPA FL 33618		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1443 KENSINGTON WOODS DRIVE City LUTZ FL Zip Code 33549	
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  DATE 3/18/05 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADILL, DAVID J 2705 WINDSUM WAY TAMPA FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1443 KENSINGTON WOODS DRIVE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		3/8/05 (813) 949-5953 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



1st MOORE CR2E034 (10/04)

4. FEI Number 47-0848169 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required