

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000019699

FILED
Jan 07, 2007
Secretary of State

Entity Name: MADISON'S AVENUE OF GAINESVILLE, INC.

Current Principal Place of Business:

6921 NW 22ND ST
GAINESVILLE, FL 32653

New Principal Place of Business:

Current Mailing Address:

6921 NW 22ND ST
GAINESVILLE, FL 32653

New Mailing Address:

FEI Number: 01-0610751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REECE, ALEX
6921 NW 22ND ST
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REECE, ALEX
Address: 6921 NW 32ND ST
City-St-Zip: GAINESVILLE, FL 32653

Title: SEC () Delete
Name: REECE, MICHELLE
Address: 6921 NW 22ND STREET
City-St-Zip: GAINESVILLE, FL 32653 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REECE, ALEX D
Address: 6921 NW 32ND ST
City-St-Zip: GAINESVILLE, FL 32653

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALEX REECE

P

01/07/2007

Electronic Signature of Signing Officer or Director

Date