

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000042742

1. Entity Name
MADISON LAND AND DEVELOPMENT CORP. INC.



Principal Place of Business

**3851 INDIAN TRAIL
DESTIN, FL 32541**

Mailing Address

**310 HOLLY STREET
DESTIN, FL 32541**



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
46-0482337

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCGILL, ROBERT E III
36008 EMERALD COAST PKWY., STE. 301
DESTIN, FL 32541**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TENORE, TONY 310 HOLLY STREET DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TENORE, RHONDA 310 HOLLY STREET DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000218599
02/07/05-80072-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Vernon Tenore Tony Tenore Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb-4-05
Date

888-978-6770
Daytime Phone #