2007 FOR PROFIT CORPORATION

FILED Mar 12, 2007 08:00 AM tary of State

Applied For Not Applicable

\$8.75 Additional Fee Required

Daytime Phone #

ANN	Secretary o					
DOCUMENT # P0300		56	ecre	etary o		
MADYSON CUSTOM HOME	BUILDERS, INC.					
Principal Place of Business	Mailing Address	· · · · · ·				
3216 BEAVER AVE SPRING HILL, FL 34609	3216 BEAVER AVE SPRING HILL, FL 34609					
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DO NOT WE	NITE IN THIS CO.	· OF	01262007	No Chg-P	CR2	E034 (11/05)
DO NOT WRITE IN THIS SPACE			4. FEI Numbe 11-3670			Ar No
			5. Certificate	of Status Desired		\$8.75 Add Fee Require
6. Name and Address o	f Current Registered Agent					
HOLOP, STEVEN J 3216 BEAVER AVE SPRING HILL, FL 34609				NOT W		
5. T.			IN T	THIS SP	AC	E

8. The above	named entity submits this statement for the p	ourpose of changing its re	egistered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept				
the obligat	tions of registered agent	11	11.1.0		4				
SIGNATURE.	101110 V COUD	Heather	HOIOP		3 <i>5:/</i>)7				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FIL									
After Ma	ay 1, 2007 Fee will be \$550.00	Trust Fund Contrib	oution.	Added to Fees					
10.	OFFICERS AND DIREC	CTORS							
TITLE	PT								
NAME	HOLOP, STEVEN J								
STREET ADDRESS	3216 BEAVER AVE								
CITY - ST - ZIP	SPRING HILL, FL 34609				000000662754 03/21/07-80027-006 150.00				
TITLE	VPS				03/21/07-80027-006 150.00				
NAME	HOLOP, HEATHER S								
STREET ADDRESS	3216 BEAVER AVE.								
CITY-ST-ZIP	SPRING HILL, FL 34609								
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12. I hereby c	ertify that the information supplied with this fil	ing does not qualify for t	he exemptions con	ained in Chapter 119	9, Florida Statutes. I further certify that the information				
12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained 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 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 attact friend with an address, with all other like empowered.									
changed, or on an attach high twith an address, with all other like empowered.									
	<i>4 WANA</i> I. IYB\VE	M Hand	they LINI		26.00				
SIGNAT	URE: <u>LYUUM COU</u>	r rieui	THE FIDE	שענ	3-5-07				