2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000058093

1. Entity Name
MADSEN CONSTRUCTION INC

FILED
05 JUN 14 AM 9:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

05242005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
500 MAPLEWOOD DRIVE, SUITE #4 JUPITER, FL 33458	500 MAPLEWOOD DRIVE, SUITE #4 JUPITER, FL 33458

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **57-1167563** ☐ 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
MADSEN, ROBERT M 500 MAPLEWOOD DRIVE, SUITE #4 JUPITER, FL 33458	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DPT MADSEN, ROBERT M 500 MAPLEWOOD DRIVE, SUITE #4 JUPITER, FL 33458	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300056522323 06/24/05--01069--005 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPS MADSEN, LORI A 500 MAPLEWOOD DRIVE, SUITE #4 JUPITER, FL 33458	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition VP BROWEN, DANIEL 500 MAPLEWOOD DR. STE 4 JUPITER FL 33458
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 5-23-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #