

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018426

Entity Name: CJMADDEN, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

349 TRADEWINDS AVENUE
NAPLES, FL 341082328

New Principal Place of Business:

698 BALD EAGLE DR
MARCO ISLAND, FL 34145

Current Mailing Address:

349 TRADEWINDS AVENUE
NAPLES, FL 341082328

New Mailing Address:

698 BALD EAGLE DR
MARCO ISLAND, FL 34145

FEI Number: 16-1692160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRIVAN, KENT A
801 LAUREL OAK DRIVE
SUITE 705
NAPLES, FL 341082328 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: MADDEN, CONNIE
Address: 349 TRADEWINDS AVENUE
City-St-Zip: NAPLES, FL 341082328

Title: D () Delete
Name: MADDEN, GERALD T
Address: 349 TRADEWINDS AVENUE
City-St-Zip: NAPLES, FL 341082328

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MADDEN, CONNIE
Address: 349 TRADEWINDS AVENUE
City-St-Zip: NAPLES, FL 341082328

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

Title: VP () Change (X) Addition
Name: CONWAY, JOSEPH
Address: 698 BALD EAGLE DR
City-St-Zip: MARCO ISLAND, FL 34145

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CONNIE MADDEN

P

04/25/2005

Electronic Signature of Signing Officer or Director

Date