

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000017539**

1. Entity Name  
**MAD INSTALLATIONS, INC.**



Principal Place of Business  
**1359 DUBOSE ROAD  
GULF BREEZE, FL 32563 US**

Mailing Address  
**1359 DUBOSE ROAD  
GULF BREEZE, FL 32563 US**



01262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2312182</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MADURI, JAMES T  
1359 DUBOSE ROAD  
GULF BREEZE, FL 32563**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U000000811740  
02/12/08-80015-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MADURI, JAMES T
STREET ADDRESS	1359 DUBOSE ROAD
CITY - ST - ZIP	GULF BREEZE, FL 32563

TITLE	VP
NAME	MADURI, ELAINE M
STREET ADDRESS	1359 DUBOSE ROAD
CITY - ST - ZIP	GULF BREEZE, FL 32563

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
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CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James T. Maduri* **JAMES T. MADURI**

Date

1/31/08

Daytime Phone #

850-932-0275