

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jun 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000103187**

1. Entity Name  
**MAD SON FISH PIRATING CORP.**



Principal Place of Business  
**10779 WHARTON WAY  
WEST PALM BEACH, FL 33412 US**

Mailing Address  
**10779 WHARTON WAY  
WEST PALM BEACH, FL 33412 US**



05132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3223815</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**MADSON, LINDA L  
10779 WHARTON WAY  
WEST PALM BEACH, FL 33412**

**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 Linda L. Madson Linda L Madson 5/15/2008  
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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MADSON, JASON M
STREET ADDRESS	2679 HONEY ROAD
CITY-ST-ZIP	NORTH PALM BEACH, FL 33403
TITLE	VP
NAME	MADSON, CHAD D
STREET ADDRESS	2679 HONEY ROAD
CITY-ST-ZIP	NORTH PALM BEACH, FL 33403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/05/08-80004-014 158.75

**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: Jason M Madson **JASON M MADSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/13/08  
Date

561-324-3454  
Daytime Phone #