Apr 29 08 02:59p COATES MCCULLAR&BIGGERS 5/2

FILED
Jun 17, 2008 8:00 am
Secretary of State

05-21-2008 90023 011 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000029297

1. Entity Name
MADELI, INC.

66014312

Principal Place of Business
1458 MAIN STREET
CHIPLEY, FL 32428
Incorrect Add.

Mailing Address
P.O. BOX 721
CHIPLEY, FL 32428
2 + 3 are the same

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
1377 Brickyard Rd.

Suite, Apt. #, etc.
Suite #7

Suite, Apt. #, etc.

City & State
Chipley

City & State
FL

Zip 32428 County Washington

Zip | Country USA

C4292008 Chg-P CR2E034 (12/06)

4. FEI Number 20-8578827 Applied For / Not Applicable

5. Certificate of Status Desired ☐ 58.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~DANEY, ROGER III~~
~~1376 N RAILROAD AVE~~
~~CHIPLEY, FL 32425~~

7. Name and Address of New Registered Agent

Name Martin E. Coates

Street Address (P.O. Box Number Is Not Acceptable)

3257 Hwy 90 East

City Bonifay FL Zip Code 32425

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 [signature] 4-27-08

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10.			11.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ENCISO, JERRY ~~P.O. BOX 721~~ ~~CHIPLEY, FL 32428~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1377 Brickyard Rd suite 7 Chipley FL 32428
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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
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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 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] 4-27-08 850-638-0233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #