

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2004 08:00 AM  
Secretary of State

DOCUMENT # P960000Q3575

1. Entity Name  
MADISON INVESTMENTS OF PENSACOLA, INC.



Principal Place of Business  
4300 BAYOU BLVD., STE. 12 & 13  
PENSACOLA, FL 32503

Mailing Address  
4300 BAYOU BOULEVARD  
SUITE 13  
PENSACOLA, FL 32503-2671



01302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3357853

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FLEMING, EDWARD P  
4300 BAYOU BLVD., STE. 12 & 13  
PENSACOLA, FL 32503

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000045710  
02/11/04-80074-001 150.00

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
FLEMING, EDWARD P  
4300 BAYOU BLVD. STE 12  
PENSACOLA, FL 32503

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPST  
ATCHISON, LOUISE  
400 TURNBERRY  
CANTONMENT, FL 32533

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MOORHEAD, STEPHEN R  
4300 BAYOU BLVD., SUITE 13  
PENSACOLA, FL 325032671

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT. 2/6/04 850-477-0660

Date

Daytime Phone #