

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000003575

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

FILED
Mar 03, 2005 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

02082005 No Chg-P CR2E034 (10/03)

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000249736
03/03/05-80016-002 150.00

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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)(l), 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

2/9/05

(850) 477-0660

Date

Daytime Phone #