

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # P96000003575

1. Entity Name

MADISON INVESTMENTS OF PENSACOLA, INC.



Principal Place of Business

25 WEST GOVERNMENT ST
PENSACOLA, FL 32502

Mailing Address

25 WEST GOVERNMENT ST
PENSACOLA, FL 32502



01172007

No Chg-P

CR2E034 (11/05)

4. FEI Number
59-3357853

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLEMING, EDWARD P
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000669109
03/27/07-80057-018 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME FLEMING, EDWARD P
STREET ADDRESS 25 WEST GOVERNMENT STREET
CITY-ST-ZIP PENSACOLA, FL 32502

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

E.P. FLEMING

Date

Daytime Phone #

3/15/07 850-477-0660