

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000043591

1. Entity Name
MADDEN ENGINEERING, INC.



FILED
05 MAY -2 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts MAY 10 2005

Principal Place of Business
431 EAST HORATIO AVENUE, SUITE 260
MAITLAND, FL 32751

Mailing Address
431 EAST HORATIO AVENUE, SUITE 260
MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3378220

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MADDEN, CHARLES M
431 EAST HORATIO AVENUE, SUITE 260
MAITLAND, FL 32751

**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

600654032526

05/06/05--01081--022 **200.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MADDEN, CHARLES M
STREET ADDRESS 431 EAST HORATIO AVENUE, SUITE 260
CITY-ST-ZIP MAITLAND, FL 32751

TITLE
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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

Date

Daytime Phone #