

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90295 008 ***150.00

DOCUMENT # P96000077579
 1. Entity Name
JOHN MADDEN & ASSOCIATES, P.A.



Principal Place of Business Mailing Address
789 S. FEDERAL HWY **789 S. FEDERAL HWY**
SUITE 308 **SUITE 308**
STUART, FL 34994 **STUART, FL 34994**

DO NOT WRITE IN THIS SPACE

40068243



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0698589	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MADDEN, JOHN W
789 S. FEDERAL HWY
SUITE 308
STUART, FL 34994

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 NAME STREET ADDRESS CITY-ST-ZIP	D MADDEN, JOHN W 789 S. FEDERAL HWY - SUITE 308 STUART, FL 34994
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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)(j), 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: *John W. Madden* **4-26-05** **(772) 220-3076**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #