

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000104844

1. Entity Name  
MADELINE GAS, INC.



Principal Place of Business  
1301 BEVILLE ROAD, UNIT 7  
DAYTONA BEACH, FL 32119

Mailing Address  
1301 BEVILLE ROAD, UNIT 7  
DAYTONA BEACH, FL 32119



03242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3556171

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

AMENDOLAGINE, MARILYN  
1301 BEVILLE ROAD, UNIT 7  
DAYTONA BEACH, FL 32119

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME AMENDOLAGINE, MICHAEL  
STREET ADDRESS 1301 BEVILLE ROAD, UNIT 7  
CITY-ST-ZIP DAYTONA BEACH, FL 32119

TITLE DVST  
NAME AMENDOLAGINE, MARILYN  
STREET ADDRESS 1301 BEVILLE ROAD, UNIT 7  
CITY-ST-ZIP DAYTONA BEACH, FL 32119

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000103608  
04/05/04-80063-016 150.00

**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

3/24/04

Date

386-322-0673

Daytime Phone #