

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90292 031 ***150.00

DOCUMENT # P99000048955 1. Entity Name MADISON & WALL FINANCIAL SERVICES, INC.					
Principal Place of Business 195 WEKIVA SPRINGS ROAD SUITE 200 LONGWOOD, FL 32779			Mailing Address 195 WEKIVA SPRINGS ROAD SUITE 200 LONGWOOD, FL 32779		
2. Principal Place of Business 195 WEKIVA SPRINGS RD Suite, Apt. #, etc. SUITE 310 City & State LONGWOOD		3. Mailing Address 195 WEKIVA SPRINGS RD Suite, Apt. #, etc. SUITE 310 City & State LONGWOOD			
Zip 32779		Country US		4. FEI Number 59-3578300	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MANION, JOHN R 105 WEKIVA SPRINGS ROAD SUITE 310 LONGWOOD, FL 32779			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SUITE 310 City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MANION, JOHN R 195 WEKIVA SPRINGS ROAD LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES M. EDWARD WALLER 195 WEKIVA SPRINGS RD. SUITE 310 LONGWOOD FL 32779
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CECIL PINDER 1101 RIVIERA DR PALM BEACH FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC/TREAS JOHN R. MANION 1227 MAJESTIC OAK DR APOPKA, FL 32712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:			4/22/04 407 682-2001 <small>Date Daytime Phone #</small>		