2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 23, 2007, 98:00 AM Sepretary of State DOCUMENT # P99000062114 MADISON CONTRACTOR'S, INC. Principal Place of Business Mailing Address 615 CRESCENT EXE. COURT 615 CRESCENT EXE. COURT LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3588091 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo GRAY, N DWAYNE JR GREENSPOON, MARDER, HIRSCHFIELD, ET AL Street Address (P.O. Box Number is Not Acceptable) 201 EAST PINE STREET SUITE 500 ORLANDO FL 32801 Zip Codo FL 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **VPST** THIE Delete III4 ☐ Change Addition BORCK, TODD L NAME NAM 615 CRESCENT EXECUTIVE COURT, STE 120 STREET ADDRESS STREET ADDRESS U00000722417 CITY-ST-ZIP LAKE MARY FL 32746 CHY-SI-ZIP 150.00 05/02/07-80030-017 AS HILE ☐ Delete TIFLE Change Addition NAME GRAY, DWAYNE N JR NAME 135 WEST CENTRAL BLVD., STE 1100 STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-SI-7IP CITY - ST - ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE. ☐ Delete THEF Till Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dolete IBLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delele HHE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 add

SIGNATURE: