

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90034 039 \*\*\*150.00

**DOCUMENT # P99000073726**

1. Entity Name  
**MADEE TWO, INC.**



Principal Place of Business  
**2055 S FLORAL AVE  
LOT 242  
BARTOW, FL 33800**

Mailing Address  
**400 N. ASHLEY DRIVE  
#2300, ATTN: K. WHEELER  
TAMPA, FL 33602**

**94051612**

2. Principal Place of Business  
**1031 MEADOW LANE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1031 MEADOW LANE**  
Suite, Apt. #, etc.

City & State  
**ORLANDO FL**  
Zip  
**32807**

City & State  
**ORLANDO FL**  
Zip  
**32807**

03262004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3612472**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WILSON, MARY S  
7076 N.E. ROAN STREET  
ARCADIA, FL 34266**

**7. Name and Address of New Registered Agent**

Name **DENISE EARNEST**

Street Address (P.O. Box Number is Not Acceptable)  
**1031 MEADOW LANE**

City **ORLANDO** FL Zip Code **32807**

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: Denise N. Earnest **Denise N. Earnest** 04/07/2004  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
WILSON, MARY S  
7076 N.E. ROAN STREET  
ARCADIA, FL 34266** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIP  
DENISE EARNEST  
1031 MEADOW LANE  
ORLANDO, FL 32807** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Denise N. Earnest **Denise N. Earnest** 04/07/2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #