

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000103064

1. Entity Name
MADISON-LAINE ASSOCIATES, INC.



Principal Place of Business
534 THIRD AVE
DESTIN FL 32541

Mailing Address
P. O. BOX 1509
DESTIN FL 32540

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

JACKSON, JAMES M
534 THIRD AVE
1
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 *James M Jackson* DATE *4/2/05*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing)

FILE NOW! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, JAMES MADISON	
STREET ADDRESS	POST OFFICE BOX 1509 N/A	
CITY-ST-ZIP	DESTIN FL 32540	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, KRISTA F	
STREET ADDRESS	POST OFFICE BOX 1509 N/A	
CITY-ST-ZIP	DESTIN FL 32540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *James M Jackson* DATE: *4/2/2005*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR