

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # V54855

1. Entity Name

J. MADISON INVESTMENT FUND, INC.



Principal Place of Business

700 W. HILLSBORO BLVD.
BLDG. 1, STE. 204
DEERFIELD BEACH, FL 33441 US

Mailing Address

700 W. HILLSBORO BLVD.
BLDG. 1, STE. 204
DEERFIELD BEACH, FL 33441 US



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0363551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENSCHEL, JEFFREY M
700 W HILLSBORO BLVD.
BLDG. 1, SUITE 204
DEERFIELD BEACH, FL 33441

**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 reappointing)

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 P
NAME HENSCHEL, BARBARA
STREET ADDRESS 700 W HILLSBORO BLVD., BLDG. 1, SUITE 204
CITY-ST-ZIP DEERFIELD BEACH, FL

TITLE S
NAME HENSCHEL, JEFFREY
STREET ADDRESS 700 W HILLSBORO BLVD., BLDG. 1, SUITE 204
CITY-ST-ZIP DEERFIELD BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/04/04-80086-015 150.00

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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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #