



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 813313							
1. Entity Name MODERN HOMES AND EQUIPMENT CO INC							
Principal Place of Business 2467 NORTH DOG RIVER MOBILE AL 36605		Mailing Address 2467 NORTH DOG RIVER MOBILE AL 36605					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 63-0370022			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DR LICKA, ERICK M. 30 S. SPRING STREET P.O. DRAWER 1271 PENSACOLA FL 32596			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				DATE			
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)							
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 <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	EVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ELKINS, STEVEN H.		NAME				
STREET ADDRESS	588 RIDGEWOOD DR		STREET ADDRESS				
CITY- ST- ZIP	DAPHNE AL		CITY- ST- ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCPHILLIPS, S T		NAME				
STREET ADDRESS	138 EATON SQUARE		STREET ADDRESS				
CITY- ST- ZIP	MOBILE AL		CITY- ST- ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCPHILLIPS JR, H M		NAME				
STREET ADDRESS	2404 SPRINGHILL AVE		STREET ADDRESS				
CITY- ST- ZIP	MOBILE AL		CITY- ST- ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FERNANDEZ, L.M.		NAME				
STREET ADDRESS	6509 SUGAR CREEK PLACE		STREET ADDRESS				
CITY- ST- ZIP	MOBILE AL		CITY- ST- ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCPHILLIPS, JAMES D		NAME				
STREET ADDRESS	138 EATON SQUARE		STREET ADDRESS				
CITY- ST- ZIP	MOBILE AL		CITY- ST- ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
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CITY- ST- ZIP			CITY- ST- ZIP				




1st MOORE CR2E034 (10/04)

4. FEI Number **63-0370022**
 Applied For Not Applicable

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

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CITY- ST- ZIP			CITY- ST- ZIP		

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 01/27/05-80030-004 150.00

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:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR