


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

05-13-2004 90008 036 \*\*\*150.00

**DOCUMENT # P02000027422**

1. Entity Name  
**BRIAN L. MODESITT GENERAL CONTRACTORS INC**



Principal Place of Business      Mailing Address  
**P.O. BOX 5043**      **P.O. BOX 5043**  
**FT. LAUDERDALE, FL 33310**      **FT. LAUDERDALE, FL 33310**

**24075257**

2. Principal Place of Business      3. Mailing Address  
**10394 NW 49 Court**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Coral Springs FL**  
 Zip      Country      Zip      Country  
**33076**      **USA**



03042003      Chg-P      CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**MODESITT, BRIAN L**  
**8401 W. MCNAB ROAD**  
**TAMARAC, FL 33321**

7. Name and Address of New Registered Agent  
 Name **Brian L. Modesitt**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10394 NW 49 Court**  
 City **CORAL SPRINGS FL**      Zip Code **33076**

4. FEI Number  
**04-3628391**      Applied For  
 Not Applicable

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

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 **B. L. Modesitt**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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	<b>P</b> <input type="checkbox"/> Delete <b>MODESITT, BRIAN L</b> <b>8401 W. MCNAB ROAD</b> <b>TAMARAC, FL 33321</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MODESITT, BRIAN L</b> <b>10394 NW 49 COURT</b> <b>CORAL SPRINGS FL 33076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **B. L. Modesitt**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #