
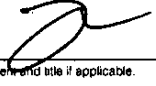
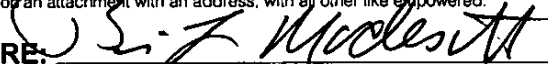


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90028 015 \*\*\*150.00

<b>DOCUMENT # P02000027422</b>					
1. Entity Name <b>BRIAN L. MODESITT GENERAL CONTRACTORS INC</b>					
Principal Place of Business <b>10394 NW 49 COURT CORAL SPRINGS, FL 33076</b>			Mailing Address <b>10394 NW 49 COURT CORAL SPRINGS, FL 33076</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>04-3628391</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MODESITT, BRIAN L PRES 10394 NW 49 COURT CORAL SPRINGS, FL 33076</b>			Name <b>ALL FLORIDA FIRM INC</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>813 Deltona Blvd, Ste A</b>		
			City	<b>Deltona</b>	FL
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>Jamie Jessup, President for All Florida Firm Inc</b> <b>1-17-08</b> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MODESITT, BRIAN L PRES</b>			NAME	
STREET ADDRESS	<b>10394 NW 49 COURT</b>			STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL SPRINGS, FL 33076</b>			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>2-4-08</b>		Daytime Phone #: <b>954 931 5540</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #