


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

07 JAN 30 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000000357			
1. Entity Name MODERN COMMUNICATIONS INC.			
Principal Place of Business 2525 W TENNESSEE ST TALLAHASSEE, FL 32304		Mailing Address 600 PEACHTREE PKWY CUMMING, GA 30041	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2525 W Tennessee St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tallahassee FL	
Zip	Country	Zip	Country
		32304	Leon
4. FEI Number 20-2088100		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GAVRILOVIC, MILAN 2525 W. TENNESSEE ST. TALLAHASSEE, FL 32304		Name Perry C Walker	
		Street Address (P.O. Box Number is Not Acceptable)	
		2525 W Tennessee St	
		City Tallahassee FL Zip Code 32304	
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 <u>Perry C Walker II</u>		DATE <u>1/30/07</u>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		600088713566 02/19/07--01028--016 **158.75	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCEO	TITLE	PCEO Perry C Walker
NAME	GAVRILOVIC, MILAN <input checked="" type="checkbox"/> Delete	NAME	115 N Love St <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4025 MCGINNIS FERRY RD., #1514	STREET ADDRESS	Quincy, FL 32353
CITY-ST-ZIP	SUWANEE, GA 30024	CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> Delete	TITLE	
NAME	WALKER, PERRY C	NAME	
STREET ADDRESS	1543 MERRY OAKS CT.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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: <u>Perry C Walker</u>		DATE <u>1/30/07</u> Daytime Phone # <u>850-210-7546</u>	
Signature and typed or printed name of signing officer or director		Date	