

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90131 007 ***150.00

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04182005 Chg-P CR2E034 (10/03)

DOCUMENT # J46369							
1. Entity Name MODIS, INC.							
Principal Place of Business 1 INDEPENDENT DR JACKSONVILLE, FL 32202 US			Mailing Address 1 INDEPENDENT DR JACKSONVILLE, FL 32202 US				
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 65-0000600			
				Applied For 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				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	COB	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PAYNE, TIMOTHY		NAME				
STREET ADDRESS	ONE INDEPENDENT DRIVE		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP				
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HOLLAND, GREG		NAME				
STREET ADDRESS	ONE INDEPENDENT DRIVE		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP				
TITLE	SVT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CROUCH, ROBERT		NAME				
STREET ADDRESS	ONE INDEPENDENT DRIVE		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TUTOR, TYRA		NAME				
STREET ADDRESS	ONE INDEPENDENT DRIVE		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP				
TITLE	CEOP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CULLEN, JOHN		NAME	John Cullen			
STREET ADDRESS	7901 SANDY SPRINGS RD.		STREET ADDRESS	14401 Sweetzer Lane			
CITY-ST-ZIP	LAUREL, MD 20707		CITY-ST-ZIP	Laurel MD 20707			
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ROBINSON, GERALD		NAME				
STREET ADDRESS	ONE INDEPENDENT DR		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP				
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:		4-21-05		904-360-2704			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			