


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90053 042 ***150.00

DOCUMENT # 470338			
1. Entity Name MODERNDECORATINGCOMPANYOFTAMPA,INC.			
Principal Place of Business 3414 BAY-TO-BAY BLVD. TAMPA, FL 33629		Mailing Address 3414 BAY-TO-BAY BLVD. TAMPA, FL 33629	
2. Principal Place of Business 19621 Lake Osceola Ln		3. Mailing Address 19621 Lake Osceola Ln	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Odessa, Fl		City & State Odessa, Fl	
Zip 33556		Country Hillsborough	
4. FEI Number 59-1575102		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 HENRY, LEONARD T. 3414 BAY-TO-BAY BLVD. TAMPA, FL		7. Name and Address of New Registered Agent Name Henry, Leonard T. Street Address (P.O. Box Number is Not Acceptable) 19621 Lake Osceola Ln City Odessa FL Zip Code 33556	
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>Leonard T. Henry</u> Signature, typed or printed name of registered agent and title if applicable.		<u>L.T. Henry</u> (NOTE: Registered Agent signature required when reinstating)	
DATE <u>1/31/05</u>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME HENRY, LEONARD T STREET ADDRESS 5015 LONGFELLOW AVE CITY-ST-ZIP TAMPA, FL	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 19621 Lake Osceola Ln CITY-ST-ZIP Odessa, Fl 33556	
TITLE VD NAME HENRY, JW STREET ADDRESS 715 ROOKMERER DR CITY-ST-ZIP TAMPA, FL	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 19610 Wyndham Lakes Dr CITY-ST-ZIP Odessa, Fl 33556	
TITLE ST NAME HENRY, LAURAC. STREET ADDRESS 5015 LONGFELLOW AVE. CITY-ST-ZIP TAMPA, FL	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 19621 Lake Osceola Ln CITY-ST-ZIP Odessa, Fl 33556	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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)(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: <u>L.T. Henry</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>1/31/05</u> 813-792-5639 Daytime Phone #	