


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000006586 1. Entity Name MODULAR SOLID SURFACES INC.	
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Principal Place of Business 5500 VILLAGE BLVD., STE. 200 W. PALM BEACH, FL 33407	Mailing Address 5500 VILLAGE BLVD., STE. 200 W. PALM BEACH, FL 33407
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07222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1811341	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

KRINER, DEBORAH L
5500 VILLAGE BLVD., SUITE 200
WEST PALM BEACH, FL 33407

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RUTLEDGE, JAMES A 100 SOUTH THIRD STREET COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BONNETTE, SCOTT SEC 3240 FLIGHTLINE DR SUITE 1 LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/27/04-80004-015 150.00

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IN THIS SPACE**

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:  **7-22-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #