

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # G97946

1. Entity Name
 MODERN BOOKKEEPING SERVICE, INC.



Principal Place of Business — Mailing Address

1635 N. BANANA RIVER DRIVE
 MERRITT ISLAND FL 32952-5625

1635 N. BANANA RIVER DRIVE
 MERRITT ISLAND FL 32952-5625

2. Principal Place of Business — 3. Mailing Address

Suite, Apt #, etc. — Suite, Apt. #, etc.

City & State — City & State

Zip — Country — Zip — Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

FUQUA, SUE
 1635 NORTH BANANA RIVER DRIVE
 MERRITT ISLAND FL 32953

4. FEI Number **59-2399983** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DP	<input type="checkbox"/> Delete
NAME	FUQUA, SUE M.	
STREET ADDRESS	1635 N. BANANA RIVER DR	
CITY - ST - ZIP	MERRITT ISLAND FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHAMBERS, TERESA H	
STREET ADDRESS	994 NAGLE DR.	
CITY - ST - ZIP	ROCKLEDGE FL 32955-2605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

U00000271386
 03/21/05-80043-023 150.00

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: *Sue Fuqua* **SUEFUQUA PRESIDENT** 3/13/05 321/452-7568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR