


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # H32518 1. Entity Name PATRICIA MODINE, INC.	
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Principal Place of Business 5660 SUMMERLIN ROAD PORT SAINT LUCIE, FL 34987	Mailing Address 5660 SUMMERLIN ROAD PORT SAINT LUCIE, FL 34987
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DO NOT WRITE IN THIS SPACE



02272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2605190	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

BRENNAN, JOHN T.
519 S. INDIAN RIVER DR.
FT. PIERCE, FL 34950

**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 _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MODINE, PATRICIA A. 5660 SUMMERLIN RD. PORT SAINT LUCIE, FL 34987
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03/12/05-80034-025 150.00

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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: Patricia Modine *Patricia Modine* 3/10/05 772 519-6436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #