

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H32518

Entity Name: PATRICIA MODINE, INC.

FILED  
Jan 14, 2008  
Secretary of State

## Current Principal Place of Business:

5660 SUMMERLIN ROAD  
PORT SAINT LUCIE, FL 34987

## New Principal Place of Business:

## Current Mailing Address:

5660 SUMMERLIN ROAD  
PORT SAINT LUCIE, FL 34987

## New Mailing Address:

FEI Number: 59-2505190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

PATRICIA A MODINE  
5660 SUMMERLIN ROAD  
FT. PIERCE, FL 34987 US

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.

SIGNATURE: PATRICIA A MODINE

01/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: MODINE, PATRICIA A.  
Address: 5660 SUMMERLIN RD.  
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MODINE, PATRICIA A  
Address: 5660 SUMMERLIN RD.  
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: VD ( ) Change (X) Addition  
Name: MODINE, RICHARD R JR  
Address: 5660 SUMMERLIN ROAD  
City-St-Zip: FORT PIERCE, FL 34987

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A MODINE

PD

01/14/2008

Electronic Signature of Signing Officer or Director

Date