

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H32518

Entity Name: PATRICIA MODINE, INC.

**FILED**  
**Apr 19, 2010**  
**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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA A MODINE

PD

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date