


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K18226</b> 1. Entity Name •MODERN AIR HOME SERVICES, INC.	
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Principal Place of Business 11400 U.S. 19 NORTH CLEARWATER, FL 33764 US	Mailing Address 11400 U.S. 19 NORTH CLEARWATER, FL 33764 US
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**DO NOT WRITE IN THIS SPACE**



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2878453	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  PAYNE, CHERYL G 11400 US 19 NORTH CLEARWATER, FL 33764
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**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 file if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000065030 02/25/04-80019-002 300.00
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIRTON, JACK C. 11400 US 19 NORTH CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIRTON, JACK C. 11400 US 19 NORTH. CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS PAYNE, CHERYL G 11400 US 19 N. CLEARWATER, FL 33764
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Y Cheryl G. Payne **CHERYL G. PAYNE** 2/13/04 727-541-5541  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #