

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # K42696

1. Entity Name

MODMODE, INC.



Principal Place of Business

1617 S RIDGEWOOD
DAYTONA BEACH FL 32117

Mailing Address

% JOHN N. MILOVICH
P.O. BOX5005
ORMOND BEACH FL 32175-7332

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2919764

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILOVICH, JOHN N
73 BROADMOOR CIRCLE
ORMOND BEACH FL 32174

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVS ☐ Delete
NAME MILOVICH, JOHN N
STREET ADDRESS 73 BROADMOOR CIRCLE
CITY-ST-ZIP ORMOND BEACH FL

☐ Change ☐ Addition
NAME UN00000083290
STREET ADDRESS 03/10/04-80033-013 150.00
CITY-ST-ZIP

TITLE TR ☐ Delete
NAME MILOVICH, JOHN N
STREET ADDRESS 73 BROADMOOR CIRCLE
CITY-ST-ZIP ORMOND BEACH FL

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John N. Milovich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-04 386-673-5857
Date Daytime Phone #