2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# L25830

Entity Name: MODERN DAY FURNITURE INC.

Current Principal Place of Business:

6001 SOBT HWY 17-92
INTERCESSION CITY, FL 33848 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 115
INTERCESSION CITY, FL 33848 US

New Mailing Address:

FEI Number: 59-2986959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MASLANKA, VIOLET
3670 O'BERRY RD
KISSIMMEE, FL 34746 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: PTS ( ) Delete
Name: MASLANKA, VIOLET
Address: 3670 O'BERRY RD
City-St-Zip: KISSIMMEE, FL 34746

Title: VP ( ) Delete
Name: MASLANKA, THOMAS
Address: 2881 S. STEWART STREET
City-St-Zip: KISSIMMEE, FL 34746

Title: VP ( ) Delete
Name: MASLANKA, TIMOTHY
Address: 3670 O'BERRY RD
City-St-Zip: KISSIMMEE, FL 34746

Title: VP ( ) Delete
Name: MASLANKA, TODD
Address: 3550 O'BERRY RD.
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TODD MASLANKA V.P. 04/27/2004

Electronic Signature of Signing Officer or Director Date