2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004
Secretary of State

DOCUMENT# L29868

Entity Name: MOD WORKS, INC.

Current Principal Place of Business:

C/O COONS, TIMOTHY
8520 SKYLANE WAY
PUNTA GORDE, FL 33982 US

New Principal Place of Business:

C/O COONS, TIMOTHY
8520 SKYLANE WAY
PUNTA GORDA, FL 33982 US

Current Mailing Address:

C/O COONS, TIMOTHY
8520 SKYLANE WAY
PUNTA GORDE, FL 33982 US

New Mailing Address:

C/O COONS, TIMOTHY
8520 SKYLANE WAY
PUNTA GORDA, FL 33982 US

FEI Number: 65-0154596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COONS, TIMOTHY
8250 SKYLANE WAY
PUNTA GORDA, FL 33982 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: CST ( ) Delete
Name: COONS, TIMOTHY
Address: 8250 SKYLANE WAY
City-St-Zip: PUNTA GORDA, FL

Title: DV (X) Delete
Name: WHITAKER, DAVID C
Address: 82250 SKYLANE WAY
City-St-Zip: PUNTA GORDA, FL 33982

Title: S ( ) Delete
Name: COONS, LISA
Address: 25188 E MARION AVE T#1011
City-St-Zip: PUNTA GORDA, FL 33950

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:

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: TIMOTHY COONS CST 01/21/2004
Electronic Signature of Signing Officer or Director Date