

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90399 012 ***150.00

DOCUMENT # P00000034148

1. Entity Name
MODIS OF GEORGIA, INC.



Principal Place of Business

ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202

Mailing Address

ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202

40070000



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3675910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	CROUCH, ROBERT
STREET ADDRESS	ONE INDEPENDENT DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	SVPT
NAME	CROUCH, ROBERT
STREET ADDRESS	ONE INDEPENDENT DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	TUTOR, TYRA
STREET ADDRESS	ONE INDEPENDENT DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	CEO
NAME	PAYNE, TIMOTHY D
STREET ADDRESS	ONE INDEPENDENT DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	VPT
NAME	ROBINSON, GERALD
STREET ADDRESS	ONE INDEPENDENT DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	P
NAME	CULLEN, JOHN P
STREET ADDRESS	7901 SANDY SPRINGS RD., STE 505
CITY-ST-ZIP	LAUREL, MD 20707

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 360-2704