2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/13/2004-90009-025-$150.00-$150.00

FILED
04 OCT -5 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000046170

1. Entity Name
MINI MODAL CORP.

Principal Place of Business	Mailing Address
P.O. BOX 187 PORT ST. JOE, FL 32457	~~1403 LK LUCERNE WAY~~ ~~302~~ BRANDON, FL 33511

08232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1555 Joseph Circle Suite, Apt. #, etc.
City & State	City & State: Gulf Breeze, FL
Zip / Country	Zip: 32563 / Country: Santa Rosa

4. FEI Number 59-3644987 ☐ 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
FLATEAU LAWRENCE, KAREN ~~1403 LK LUCERNE WAY #302~~ ~~BRANDON, FL 33511~~ 1555 Joseph Circle Gulf Breeze, FL 32563	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: Karen Lawrence 9-1-04
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAWRENCE, JAMES W 220 BUCCANEER DRIVE PT ST JOE, FL 32456	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LAWRENCE, KAREN F 1403 LK LUCERNE WAY #302 BRANDON, FL 33511	☐ Delete	ST Karen Lawrence 1555 Joseph Circle Gulf Breeze, FL 32563	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Karen Lawrence 850-341-6427
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR Date Daytime Phone #