


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000072103</b> 1. Entity Name MODU-BUILT INDUSTRIES, INCORPORATED	
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Principal Place of Business 3040 GULF TO BAY BLVD. CLEARWATER, FL 33759	Mailing Address 3040 GULF TO BAY BLVD. CLEARWATER, FL 33759
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  LAMONT, DAVID A 3040 GULF TO BAY BLVD CLEARWATER, FL 33759
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**FILED**

07 MAR -2 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02142007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3733647	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

800092277673  
12/07--01017--010 \*\*3961.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONGELLUZZI, FRANK 30750 US HWY 19 NORTH PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MONGELLUZZI, ANNE 30750 US HWY 19 NORTH PALM HARBOR, FL 34684
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**DO NOT WRITE  
IN THIS SPACE**

K. Eckel MAR 05 2007

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: Frank Mongelluzzi 2146107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #