

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90011 017 ***150.00

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DOCUMENT # P02000012712 1. Entity Name INSEALATORS OF ORLANDO, INC.					
Principal Place of Business 130 BOMAR COURT SUITE 180 LONGWOOD, FL 32751			Mailing Address 424 E. CENTRAL BLVD. SUITE 350 ORLANDO, FL 32801		
2. Principal Place of Business 3544 Bellington Drive			3. Mailing Address 3544 Bellington Drive		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Orlando, Florida			City & State Orlando, Florida		
Zip 32835		Country USA		4. FEI Number 04-3597320	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MODLIN, BRANDT L 424 E. CENTRAL BLVD STE. 350 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name David Dwyer Street Address (P.O. Box Number is Not Acceptable) 3544 Bellington Drive City Orlando FL Zip Code 32835		
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 <u><i>David Dwyer</i></u> DAVID DWYER DATE <u>1/12/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MODLIN, SHANNON D <input type="checkbox"/> Delete 424 E CENTRAL BLVD ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MODLIN, BRANDT L <input checked="" type="checkbox"/> Delete 424 E CENTRAL BLVD ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, AT, AS David Dwyer 3544 Bellington Drive Orlando, Florida 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Shannon D. Modlin</i></u> Shannon D. Modlin, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-12-04 (713) 907-4316 <small>Date Daytime Phone</small>		