


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90056 006 ***158.75

DOCUMENT # P02000057859	
1. Entity Name MODULAR HOME DEVELOPMENT & SITE CONSULTANTS, INC.	

Principal Place of Business PO BOX 18858 PANAMA CITY BCH, FL 32417	Mailing Address 11208 HUTCHINSON BLVD., #148 PANAMA CITY BEACH, FL 32407
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94023018

2. Principal Place of Business 11208 HUTCHINSON BLVD Suite, Apt. #, etc. # 148	3. Mailing Address 2335 E. BALDWIN RD. Suite, Apt. #, etc.
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City & State PANAMA CITY BEACH, FL	City & State PANAMA CITY, FL
Zip 32407	Zip 32405-5801
Country	Country

02272004 Chg-P CR2E034 (10/03)

4. FEI Number APPLIED FOR 04-3668662	Applied For Not Applicable
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6. Name and Address of Current Registered Agent TRUITT & JAMES 11208 HUTCHINSON BLVD #148 PANAMA CITY BEACH, FL 32407	
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7. Name and Address of New Registered Agent	
Name James F Truitt	
Street Address (P.O. Box Number is Not Acceptable)	
11208 Hutchinson Blvd. #148	
City Panama City Beach	FL Zip Code 32407

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUITT, JAMES F 11208 HUTCHINSON BLVD #148 PANAMA CITY BCH, FL 32407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **2-27-2004** **8508965626**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #