2006

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P04000001251

1. Entity Name

MODERN INSTALLATIONS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 19 AM 8:03

DO NOT WRITE IN THIS SPACE

04/19/05 90398 021 $158.75
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2. Principal Place of Business	3. Mailing Address
168 SE 294 ST.	895 SW 361 Hwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cross City, Fl.	City & State: Steinhatchee, Fl.
Zip: 32628 Country	Zip: 32359 Country

4. FEI Number: 80-0068037 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Carl Houston Markham

~~Street Address (P.O. Box Number is Not Acceptable)~~: 168 SE 294 ST.

City: Cross City, FL Zip Code: 32628

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)

[redacted]
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P/V/T/S/D/C/M
NAME	Carl Houston Markham
STREET ADDRESS	P.O. Box 1312
CITY-ST-ZIP	Cross City, Fl. 32628
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[redacted]
DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carl H. Markham Carl H. Markham 04/18/06 352-498-9399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #