

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90076 031 ***150.00

DOCUMENT # P05000000357

1. Entity Name

MODERN COMMUNICATIONS INC.



Principal Place of Business

2525 W. TENNESSEE ST
TALLAHASSEE FL 32304

Mailing Address

2525 W. TENNESSEE ST
TALLAHASSEE FL 32304



2. Principal Place of Business

3. Mailing Address

2525 W. Tennessee ST
Suite, Apt. #, etc.

600 Peachtree PKWY
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State
Tallahassee FL

City & State
Cumming GA

4. FEI Number

20-2088100

Applied For

Not Applicable

Zip Country
32304 USA

Zip Country
30041 USA

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

GAVRILOVIC, MILAN
2525 W. TENNESSEE ST.
TALLAHASSEE FL 32304

Name
MILAN GAVRILOVIC

Street Address (P.O. Box Number is Not Acceptable)
2525 W. Tennessee ST

City Tallahassee FL Zip Code 32304

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 *[Signature]* (President/CEO) MILAN GAVRILOVIC (PRESIDENT/CEO) 4/2/06
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
After May 1, 2006 Fee Will Be \$550.00
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 PCEO ☐ Delete
NAME GAVRILOVIC, MILAN
STREET ADDRESS 4025 MCGINNIS FERRY RD., #1514
CITY-ST-ZIP SUWANEE GA 30024

TITLE VPS ☐ Delete
NAME WALKER, PERRY C
STREET ADDRESS 1543 MERRY OAKS CT.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* MILAN GAVRILOVIC 4/2/06 404-437-6256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #