

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90022 018 ***150.00

DOCUMENT # P95000068576
 1. Entity Name
 MODERN INSERTING & MAILING SERVICE, INC.



Principal Place of Business: 4651 - 107TH CIRCLE, CLEARWATER, FL 34622-5006
 Mailing Address: 4651 - 107TH CIRCLE, CLEARWATER, FL 33762

2. Principal Place of Business: 14201 58th St. N
 3. Mailing Address: 14201 58th St. N
 Suite, Apt. #, etc.

City & State: Clearwater, FL
 City & State: Clearwater, FL
 Zip: 33760-2802
 Country: Pinellas

01282004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
 COSSER, RICKY
 710 123RD AVE.
 TREASURE ISLAND, FL 33706

4. FEI Number: 65-0617799
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: \$5.00 May Be Added to Fees
 Trust Fund Contribution:

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COSSER, BARBARA	
STREET ADDRESS	710 123RD AVENUE	
CITY-ST-ZIP	TREASURE ISLAND, FL 337061032	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSSER, RICKY	
STREET ADDRESS	710 123RD AVENUE	
CITY-ST-ZIP	TREASURE ISLAND, FL 337061032	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Barbara Cosser 1/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: _____ Daytime Phone #: 727-572-6245