

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000085444

1. Entity Name
MODULAR DESIGNS, INC.



Principal Place of Business
**9450 PHILIPS HIGHWAY
SUITE 4A
JACKSONVILLE, FL 32256 US**

Mailing Address
**9450 PHILIPS HIGHWAY
SUITE 4A
JACKSONVILLE, FL 32256 US**



07302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-3344494

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCKENZIE, DANIEL A
2546 SCOTT MILL DR S
JACKSONVILLE, FL 32223**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCKENZIE, DANIEL A
STREET ADDRESS	2546 SCOTT MILL DR S
CITY - ST - ZIP	JACKSONVILLE, FL 32223
TITLE	D
NAME	YOUNG, CHRISTOPHER R
STREET ADDRESS	390 LYNN COVE RD
CITY - ST - ZIP	ASHVILLE, NC 28804
TITLE	C
NAME	SMITH, RONNIE
STREET ADDRESS	11 QUAIL ST
CITY - ST - ZIP	CLYDE, NC 28721
TITLE	D
NAME	YOUNG, PAUL
STREET ADDRESS	2835 HILSDALE HARBOR WAY
CITY - ST - ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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08/02/04-80011-006 558.75

**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)(f), 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:

Ronnie Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-04 (828)299-3300

Date

Telephone Phone #