


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90260 046 ***158.75

DOCUMENT # P96000040691		
1. Entity Name MODCO INDUSTRIES INC.		

Principal Place of Business 3889 CARAMBOLA CIRCLE NORTH COCONUT CREEK, FL 33066-2447	Mailing Address 30 DONALD ROAD BURLINGTON, MA 01803
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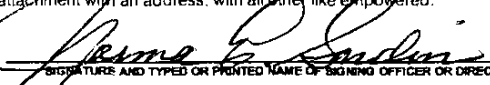
2. Principal Place of Business - No P.O. Box #	3. Mailing Address 185 WASHINGTON ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State READING MA	City & State READING MA
Zip 01867	Country MIDDLESEX

6. Name and Address of Current Registered Agent NAZZARO, MELBA M 3889 CARAMBOLA CIRCLE NORTH COCONUT CREEK, FL 33066-2447	
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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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP P NAZZARO, MELBA M 3889 CARAMBOLA CIR N COCONUT CREEK, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 	04/28/08 781-935-8670 Date Daytime Phone #