

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90008 035 ***150.00

DOCUMENT # P99000063355

1. Entity Name
BRIAN L. MODESITT & ASSOCIATES INC.



Principal Place of Business
**8401 W. MCNAB ROAD
TAMARAC, FL 33321**

Mailing Address
**8401 W. MCNAB ROAD
TAMARAC, FL 33321**

24075258

2. Principal Place of Business

10394 NW 49 CT

Suite, Apt. #, etc.

3. Mailing Address

PO Box 5043

Suite, Apt. #, etc.



03042003

Chg-P

CR2E034 (10/03)

City & State

CORAL SPRINGS FL

City & State

FORT LAUDERDALE

4. FEI Number

65-0915990

Applied For

Not Applicable

Zip

33076

Country

USA

Zip

33310

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MODESITT, BRIAN L
8401 W. MCNAB ROAD
TAMARAC, FL 33321**

7. Name and Address of New Registered Agent

Name
MODESITT, BRIAN L
Street Address (P.O. Box Number is Not Acceptable)

10394 NW 49 CT

City

CORAL SPRINGS

FL

Zip Code

33076

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTSD
MODESITT, BRIAN L
10394 NW 49TH CT
CORAL SPRINGS, FL 33076**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #