

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90131 007 ***150.00

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04182005 Chg-P CR2E034 (10/03)

DOCUMENT # J46369 1. Entity Name MODIS, INC.					
Principal Place of Business 1 INDEPENDENT DR JACKSONVILLE, FL 32202 US			Mailing Address 1 INDEPENDENT DR JACKSONVILLE, FL 32202 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0000600	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	COB PAYNE, TIMOTHY ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HOLLAND, GREG ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT CROUCH, ROBERT ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TUTOR, TYRA ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP CULLEN, JOHN 7901 SANDY SPRINGS RD. LAUREL, MD 20707	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, GERALD ONE INDEPENDENT DR JACKSONVILLE, FL 32202	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Cullen 14401 Sweetzer Lane Laurel MD 20707	☒ Change ☐ Addition			
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: <u><i>[Signature]</i></u> 4-21-05 904-360-2707 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					