

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90176 050 \*\*\*150.00

DOCUMENT # F78113

1. Entity Name

MOODY'S INC.



Principal Place of Business

194 HWY 98 E.  
P O BOX 68  
DESTIN FL 32540

Mailing Address

194 HWY 98 E.  
P O BOX 68  
DESTIN FL 32540



2. Principal Place of Business

3229 Audrey Dr.

Suite, Apt. #, etc.

3. Mailing Address

3229 Audrey Dr.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Crestview, FL

Zip  
32539

Country

USA

City & State

Crestview, FL

Zip  
32539

Country

USA

4. FEI Number

59-2205919

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOODY, THOMAS G., JR  
194 HWY 98 E.  
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name Thomas G. Moody, Jr.

Street Address (P.O. Box Number is Not Acceptable)

3229 Audrey Dr.

City Crestview

FL

Zip Code

32539

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

*Thomas G. Moody, Jr.*

Thomas G. Moody, Jr. Pres.

4-16-06

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MOODY, JR., THOMAS G PRES.  
STREET ADDRESS 194 HWY 98 E.  
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE ST  
NAME MOODY, CAROL J SEC/TRE  
STREET ADDRESS 194 HWY 98 E  
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Moody, Jr. Thomas G. ☒ Change ☐ Addition  
STREET ADDRESS 3229 Audrey Dr.  
CITY-ST-ZIP Crestview, FL 32539

TITLE ST  
NAME Moody, Carol J. ☒ Change ☐ Addition  
STREET ADDRESS 3229 Audrey Dr.  
CITY-ST-ZIP Crestview, FL 32539

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Carol J. Moody*

Carol J. Moody

4-16-06

850-682-5399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #