


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000004377 1. Entity Name THE MOUAT COMPANY, INC.	
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Principal Place of Business
2920 COMMERCE BLVD
IRONDALE, AL 35210

Mailing Address
P.O. BOX 100759
IRONDALE, AL 35210



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0321748	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 obligation of the registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Sic: _____ (Typed or printed name of registered agent and title if applicable)

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUNN, HAROLD B 2920 COMMERCE BLVD IRONDALE, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DUKE, JOHN P 2920 COMMERCE BLVD IRONDALE, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MORRIS, J M 2920 COMMERCE BLVD IRONDALE, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/28/05-80082-009 150.00

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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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05
Date

Daytime Phone # _____