## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2005 08:00 AM Secretary of State

DOCL	J٨	/FN	IT#	H'	70257

1. Entity Name
JOHN MOODY & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

535 13TH STREET WEST BRADENTON, FL 34205 535 13TH STREET WEST BRADENTON, FL 34205



## DO NOT WRITE IN THIS SPACE

03032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2557756

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Davime Phone #

6. Name and Address of Current Registered Agent

MOODY, JOHN 535 13TH STREET WEST BRADENTON, FL 34205

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pi ions of registered agent.	urpose of changing its reg	istered office or re	egistered agent, or be	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signalure, typed or printed name of registered agent and title if	applicable, (NOTE, Rec	pistered Agent signature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign I Trust Fund Contribut		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOODY, JOHN 535 13TH STREET WEST BRADENTON, FL 34205				U00000328379
name Sireet adoress City-St-Zip					04/25/05-80074-014 150.00
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
ITILE Name Street Address City-St-Zip					
12. I hereby of indicated of the correctanged,	certify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ng does not qualify for the nd accurate and that my sl to execute this report as r other like empowered.	exemption stated ignature shall have equired by Chapt	I in Section 119.07(3) e the same legal effec er 607, Florida Statute	Florida Statutes, I further certify that the information of as if made under oath; that I am an officer or director is, and that my name appears in Block 10 or Block 11 if

INTED NAME OF SIGNING OFFICER OR DIRECTOR