2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K05572

Entity Name: MOODY, JONES & MONTEFUSCO, P.A.

FILED Jan 07, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business |
|--------------------------------------|---------------------------------|

% STEVE E. MOODY % STEVE E. MOODY 1333 S. UNIVERSITY DR. #201

1333 S. UNIVERSITY DR. #201 PLANTATION, FL 333244022 PLANTATION, FL 33324

Current Mailing Address: New Mailing Address:

% STEVE E. MOODY % STEVE E. MOODY 1333 S. UNIVERSITY DR. #201

1333 S. UNIVERSITY DR. #201 PLANTATION, FL 333244022 PLANTATION, FL 33324

FEI Number: 65-0022584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOODY, STEVE E. MOODY, STEVE E. 1333 S. UNIVERSITY DR. 1333 S. UNIVERSITY DR. #201 #201 PLANTATION, FL 33317 US PLANTATION, FL 33324 US

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.

SIGNATURE: 01/07/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: () Change () Addition

MOODY, STEVE E., Name: Name: 3501 S.W. 116TH AVE Address: Address: City-St-Zip: DAVIE, FL City-St-Zip:

Title: VD Title: () Delete (X) Change () Addition Name: JONES, KENNETH M., Name: JONES, KENNETH M., 8770 N.W. 18TH STREET 1780 EAST EAGLE TRACE BOULEVARD Address: Address:

CORAL SPRINGS, FL CORAL SPRINGS, FL City-St-Zip: City-St-Zip:

Title: Title: DS () Delete DS (X) Change () Addition Name:

MONTEFUSCO, FRANK A. Name: MONTEFUSCO, FRANK A. 8799 N.W. 47 DR. 3110 SW 139 TERRACE Address: Address:

City-St-Zip: CORAL SPRINGS, FL City-St-Zip: DAVIE, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: STEVE E. MOODY 01/07/2005