

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K05572

FILED  
Apr 03, 2007  
Secretary of State

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

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 65-0022584

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

Title: VD ( ) Delete  
Name: JONES, KENNETH M.,  
Address: 1780 EAST EAGLE TRACE BOULEVARD  
City-St-Zip: CORAL SPRINGS, FL

Title: DS ( ) Delete  
Name: MONTEFUSCO, FRANK A.  
Address: 3110 SW 139 TERRACE  
City-St-Zip: DAVIE, FL

Title: ADS ( ) Delete  
Name: INGINO, MICHAEL J  
Address: 1018 SW 149 TERR  
City-St-Zip: SUNRISE, FL 33326

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ADS ( ) Change (X) Addition  
Name: MOREHEAD, CHARLES A III  
Address: 1333 S. UNIVERSITY DRIVE, SUITE 201  
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: STEVE E. MOODY

PD

04/03/2007

Electronic Signature of Signing Officer or Director

Date