

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Apr 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000002046**

1. Entity Name

MOODY & LAIRD, L.L.C.

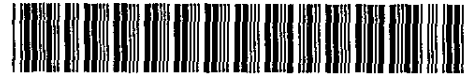


Principal Place of Business

194 HWY 98 EAST  
DESTIN FL 32541

Mailing Address

PO BOX 68  
DESTIN FL 32540



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3642192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/04)

6. Name and Address of Current Registered Agent

FLEET, H. BART  
FLEET, SPENCER, MARTIN & KILPATRICK, PA  
1104 EGLIN PARKWAY  
SHALIMAR FL 32579-0000

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MEM  
LAIRD, HUBERT A  
116 HWY 98 E  
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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
U000000290867  
04/07/05-80006-025 50.00

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

*Carol J. Moody*

**SIGNATURE:** *Carol J. Moody*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*4-5-05*

Date

*850-837-1293*

Daytime Phone #