


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # M75902 1. Entity Name MOODY MACHINERY CORPORATION	
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Principal Place of Business 4652 PHILLIPS HWY. JACKSONVILLE, FL 32207-7266	Mailing Address 4652 PHILLIPS HWY. JACKSONVILLE, FL 32207-7266
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2885289	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 MILLER, KENNETH R 4652 PHILLIPS HWY. JACKSONVILLE, FL 32207

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOODY, M.D., III 4969 RIVER POINT RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOODY, T.B. 1305 PONTE VEDRA BLVD POINTE VEDRA BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NICHOLAS, ELIZABETH A 4652 PHILLIPS HWY JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO MILLER, KENNETH R 4652 PHILLIPS HWY JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCON CUMELLA, STEPHEN T 4652 PHILLIPS HWY JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/05/04-80013-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  CRFO 3/29/04	Date _____	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		