

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90014 029 ***550.00

DOCUMENT # M75902

1. Entity Name
MOODY MACHINERY CORPORATION



Principal Place of Business
**4652 PHILLIPS HWY.
JACKSONVILLE, FL 32207-7266**

Mailing Address
**4652 PHILLIPS HWY.
JACKSONVILLE, FL 32207-7266**

50064272



07012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2885289

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, KENNETH R
4652 PHILLIPS HWY.
JACKSONVILLE, FL 32207**

Name
EMIL J ALBERTINI
Street Address (P.O. Box Number is Not Acceptable)

4600 PHILIPS HIGHWAY

City
JACKSONVILLE FL Zip Code
32207

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 **EMIL J. ALBERTINI - CEO**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/25/05
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOODY, M.D., III
4969 RIVER POINT RD.
JACKSONVILLE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOODY, T.B.
1305 PONTE VEDRA BLVD
POINTE VEDRA BCH., FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
NICHOLAS, ELIZABETH A
4652 PHILLIPS HWY
JACKSONVILLE, FL 32207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCFO
MILLER, KENNETH R
4652 PHILLIPS HWY
JACKSONVILLE, FL 32207 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCON
CUMELLA, STEPHEN T
4652 PHILLIPS HWY
JACKSONVILLE, FL 32207 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
EMIL J. ALBERTINI
4600 PHILIPS HWY
JACKSONVILLE FL 32207 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **EMIL J ALBERTINI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/05 **904-737-4401**
Date Daytime Phone #

200600