

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M75902

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** MOODY MACHINERY CORPORATION

**Current Principal Place of Business:**

4652 PHILLIPS HWY.  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

4652 PHILLIPS HWY.  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 59-2885289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALBERTINI, EMIL J  
4652 PHILLIPS HWY.  
JACKSONVILLE, FL 32207 US

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

MOODY, JESSICA I  
4652 PHILLIPS HWY.  
JACKSONVILLE, FL 32207 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: JESSICA I MOODY

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: MOODY, MAXEY D III  
Address: 4969 RIVER POINT RD.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: PS  
Name: MOODY, ELIZABETH A  
Address: 4652 PHILLIPS HWY  
City-St-Zip: JACKSONVILLE, FL 32207

Title: CFO  
Name: ALBERTINI, EMIL J  
Address: 4652 PHILLIPS HWY  
City-St-Zip: JACKSONVILLE, FL 32207

Title: AS  
Name: MOODY, STEPHEN  
Address: 4652 PHILLIPS HWY  
City-St-Zip: JACKSONVILLE, FL 32207

Title: AS  
Name: MOODY, JESSICA I  
Address: 4652 PHILLIPS HWY.  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: EJALBERTINI@COMCAST.NET

CFO

04/30/2011

Electronic Signature of Signing Officer or Director

Date