

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90029 023 \*\*\*150.00

**DOCUMENT # P02000004400**

1. Entity Name

MOODY'S SHEET METAL WORKS, INC.



Principal Place of Business

858 MASON AVE.  
DAYTONA BEACH FL 32117

Mailing Address

858 MASON AVE.  
DAYTONA BEACH FL 32117

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

U.S.A

4. FEI Number

02-0534742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, WM. M.  
555 WESTMORELAND RD.  
DAYTONA BEACH FL 32114-2423

7. Name and Address of New Registered Agent

Name EVA St. Germain

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

107 MARCELLE AVENUE

City PORT ORANGE FL

Zip Code 32127

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

*Eva St Germain*

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

(NOTE: Registered Agent signature required when reinstating)

2-7-05

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME MOODY, WILLIS B  
STREET ADDRESS 261 PARRULLI DR.  
CITY-ST-ZIP ORMOND BEACH FL 32174-4286

TITLE D ☒ Delete  
NAME FOSTER, WM. M.  
STREET ADDRESS 555 WESTMORELAND RD.  
CITY-ST-ZIP DAYTONA BEACH FL 32114-2423

TITLE V ☐ Delete  
NAME MOODY, MARILYN K  
STREET ADDRESS 261 PARELLI DR.  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE S ☐ Delete  
NAME ST GERMAIN, EVA  
STREET ADDRESS 107 MARCELLE AVE  
CITY-ST-ZIP DAYTONA BEACH FL 32127

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

*Eva St Germain*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-05 (388) 252-4464  
Date Daytime Phone #