



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90080 036 ***150.00

DOCUMENT # P02000007332 1. Entity Name VICKI MOODY REPORTING, INC.					
Principal Place of Business 640 RIDGESTONE COURT ORANGE PARK, FL 32065			Mailing Address 640 RIDGESTONE COURT ORANGE PARK, FL 32065		
2. Principal Place of Business 1375 Akron Oaks Dr. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1375 Akron Oaks Dr. <small>Suite, Apt. #, etc.</small>			
City & State Orange Park FL.		City & State Orange Park FL.		4. FEI Number 75-2975896	
Zip 32065		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOODY, VICKI R 640 RIDGESTONE COURT ORANGE PARK, FL 32065				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1375 Akron Oaks Dr. City Orange Park FL Zip Code 32065	
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 <u>Vicki R. Moody</u> ← Vicki R. Moody - President 3/9/05 <small>Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-12		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MOODY, VICKI R 640 RIDGESTONE COURT ORANGE PARK, FL 32065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1375 Akron Oaks Dr. Orange Park FL 32065	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Vicki R. Moody</u> - Vicki R. Moody <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/9/05 904-214-9923 <small>Date Daytime Phone #</small>		