

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000053488

1. Entity Name

D.T. MOODY AND ASSOCIATES INC



Principal Place of Business

524 NANTUCKET DR
TEMPLE TERRACE, FL 33617

Mailing Address

524 NANTUCKET DR
TEMPLE TERRACE, FL 33617

FILED

05 MAY -5 AM 9: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05032005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2174484

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOODY, DANIEL T
524 NANTUCKET DR
TEMPLE TERRACE, FL 33617

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE ~ P
NAME ~ MOODY, DANIEL T
STREET ADDRESS ~ 524 NANTUCKET DR
CITY-ST-ZIP ~ TEMPLE TERRACE, FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000054519760
05/13/05--01058--001 **550.00

**DO NOT WRITE
IN THIS SPACE**

DR 5/12

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #