

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000081697

Entity Name: MOODY'S AUTO SERVICE, INC.

FILED  
Jan 04, 2005  
Secretary of State

## Current Principal Place of Business:

8029 WOODVILLE HWY  
TALLAHASSEE, FL 32305

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 806  
WOODVILLE, FL 32362

## New Mailing Address:

FEI Number: 73-1674318

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOODY, SANDRA  
16 EDGEWOOD DR  
CRAWFORDVILLE, FL 32327 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CALHOUN, JULIAN  
Address: 35 EDGEWOOD DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete  
Name: MOODY, WILLIAM  
Address: 16 EDGEWOOD DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete  
Name: MOODY, SANDRA  
Address: 16 EDGEWOOD DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: CALHOUN, JULIAN  
Address: 35 EDGEWOOD DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: PRES (X) Change ( ) Addition  
Name: MOODY, WILLIAM  
Address: 16 EDGEWOOD DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JULIAN CALHOUN

VP

01/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date