

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90058 035 ***150.00

DOCUMENT # P03000081697

1. Entity Name
MOODY'S AUTO SERVICE, INC.



Principal Place of Business
**8029 WOODVILLE HWY
TALLAHASSEE, FL 32305**

Mailing Address
**P.O. BOX 806
WOODVILLE, FL 32362**

60018768



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1674318

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOODY, SANDRA
16 EDGEWOOD DR
CRAWFORDVILLE, FL 32327**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	CALHOUN, JULIAN
STREET ADDRESS	35 EDGEWOOD DR
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327
TITLE	PRES
NAME	MOODY, WILLIAM
STREET ADDRESS	16 EDGEWOOD DR
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327
TITLE	D
NAME	MOODY, SANDRA
STREET ADDRESS	16 EDGEWOOD DR
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Sandra Moody
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-06
Date

850-421-6900
Daytime Phone #



ATTACHMENT
60018768

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2006

MOODY'S AUTO SERVICE, INC.
P.O. BOX 806
WOODVILLE, FL 32362

Subject: **MOODY'S AUTO SERVICE, INC.**

Reference Number: **P03000081697**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION