

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90462 046 \*\*\*158.75

**DOCUMENT # P04000001511**

1. Entity Name

**WILLIAM MOODY CARPET INSTALLATION INC**



Principal Place of Business  
2833 WOODRUFF DRIVE  
ORLANDO FL 32837  
US

Mailing Address  
2833 WOODRUFF DRIVE  
ORLANDO FL 32837  
US

2. Principal Place of Business

1928 BONNEVILLE DR

3. Mailing Address

1928 BONNEVILLE DR

Suite, Apt. #, etc.

ORLANDO, FL

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32826

Country

US

Zip

32826

Country

US

4. FEI Number

20-0545338

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOODY, WILLIAM S  
2833 WOODRUFF DRIVE  
ORLANDO FL 32837

Name

MOODY, WILLIAM S

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

1928 BONNEVILLE DR

City

ORLANDO, FL

FL

Zip Code

32826

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

*William S Moody*

WILLIAM S MOODY PVTS

4-28-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**After May 1, 2004 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 PVTs ☐ Delete  
NAME MOODY, WILLIAM S  
STREET ADDRESS 2833 WOODRUFF DRIVE  
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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: *William S Moody* WILLIAM S MOODY PVTS

4-28-04

407 579 9483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #