

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000048914

1. Entity Name
MOODY FABRICATION & MACHINE, INC.



Principal Place of Business
4652 PHILLIPS HWY
JACKSONVILLE, FL 32207

Mailing Address
4652 PHILLIPS HWY
JACKSONVILLE, FL 32207



03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3254900

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, KENNELTH R
4652 PHILLIPS HWY
JACKSONVILLE, FL 32207

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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 \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME MOODY, M.D. III
STREET ADDRESS 4652 PHILLIPS HWY
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE DT
NAME MOODY, T.B.
STREET ADDRESS 4652 PHILLIPS HWY
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE S
NAME NICHOLAS, ELIZABETH A
STREET ADDRESS 4652 PHILLIPS HWY
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE VCFO
NAME MILLER, KENNETH R
STREET ADDRESS 4652 PHILLIPS HWY
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE VPC
NAME CUMELLA, STEPHEN T
STREET ADDRESS 4652 PHILLIPS HWY
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000102368
04/05/04-80011-025 150.00

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IN THIS SPACE**

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 #