

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90014 035 ***550.00

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**

50064266



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07312005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3254900

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MILLER, KENNELTH R
4652 PHILLIPS HWY
JACKSONVILLE, FL 32207**

Name **EMIL J. ALBERTINI**

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

4600 PHILIPS HIGHWAY

City **JACKSONVILLE**

FL

Zip Code
32207

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 **EMIL J. ALBERTINI - CFO**

8/25/05

Signature, typed or printed name of registered agent and date 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 **DP** ☐ Delete
NAME **MOODY, M.D. III**
STREET ADDRESS **4652 PHILLIPS HWY**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CFO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CFO** ☐ Change ☒ Addition
NAME **EMIL J ALBERTINI**
STREET ADDRESS **4600 PHILIPS HWY**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

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: **EMIL J ALBERTINI, CFO** **8/25/05** **904-737-4401**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5600