

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2006  
Secretary of State**

DOCUMENT# 770863

Entity Name: THE MOORINGS OF PERDIDO KEY II, INC.

**Current Principal Place of Business:**

C/O JOHN WELCH  
1017 NORTH 12TH AVENUE  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

GWEN MANISCALCO  
4608 ALEXANDER DRIVE  
METAIRIE, LA 70003

**New Mailing Address:**

FEI Number: 58-1777098      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WELCH, JOHN P REG. AG  
1017 NORTH 12TH AVENUE  
PENSACOLA, FL 32501    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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MANISCALCO, GWEN  
Address: 4608 ALEXANDER DR  
City-St-Zip: METAIRIE, LA 70003

Title: VD ( ) Delete  
Name: KLEIN, KEN  
Address: 6117 FLOWER DR  
City-St-Zip: METAIRIE, LA 70003

Title: STD ( ) Delete  
Name: PEASE, HERB,  
Address: 4717 FLETCHER DR  
City-St-Zip: FORT WORTH, TX

Title: D ( ) Delete  
Name: GORDON, JOHN  
Address: 4516 SHERIDAN AVE  
City-St-Zip: METAIRIE, LA 70002

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWEN MANISCALCO

PD

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date