

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000000183**

1. Entity Name  
WOERNER DEVELOPMENT, INC.



Principal Place of Business

818 N MCKENZIE ST  
FOLEY, AL 36535

Mailing Address

818 N MCKENZIE ST  
FOLEY, AL 36535



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
58-2362394

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SCAPECCHI, STEPHEN  
33 PEEL WAY  
PENSACOLA, FL 32533

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000229367  
02/14/05-80076-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	CEOP
NAME	WOERNER, GEORGE
STREET ADDRESS	818 N MCKENZIE ST
CITY- ST- ZIP	FOLEY, AL 36535
TITLE	ST
NAME	WOERNER, ROGER
STREET ADDRESS	818 N MCKENZIE ST
CITY- ST- ZIP	FOLEY, AL 36535
TITLE	CFO
NAME	MOORE, NORMAN
STREET ADDRESS	818 N MCKENZIE ST
CITY- ST- ZIP	FOLEY, AL 36535
TITLE	COO
NAME	SCAPECCHI, STEVE
STREET ADDRESS	818 N MCKENZIE ST
CITY- ST- ZIP	FOLEY, AL 36535
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 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 #

*NORMAN MOORE, CFO*

*2-11-2005*

*251-943-4451*