

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 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

**POST OFFICE BOX 820  
FOLEY, AL 36536**



01262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2362394**

Applied For  
Not Applicable

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEOP  
WOERNER, GEORGE  
818 N MCKENZIE ST  
FOLEY, AL 36535**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
WOERNER, ROGER  
818 N MCKENZIE ST  
FOLEY, AL 36535**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFO  
MOORE, NORMAN  
818 N MCKENZIE ST  
FOLEY, AL 36535**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COO  
SCAPECCHI, STEVE  
818 N MCKENZIE ST  
FOLEY, AL 36535**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000619710  
02/09/07-800008-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

**NORMAN MOORE, CFO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**251-943-4457**

**1-26-07**

Date

Daytime Phone #