

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G41609

FILED  
May 02, 2006  
Secretary of State

Entity Name: THE MOORINGS AT WOODLAWN, INC.

**Current Principal Place of Business:**

221 MCKENZIE AVE.  
P.O. BOX 70  
PANAMA CITY, FL 32402

**New Principal Place of Business:**

**Current Mailing Address:**

221 MCKENZIE AVE.  
P.O. BOX 70  
PANAMA CITY, FL 32402

**New Mailing Address:**

FEI Number: 59-2298278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BURKE, LES W  
221 MCKENZIE AVE.  
PANAMA CITY, FL 32401 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BURKE, LES,  
Address: 221 MCKENZIE AVE.  
City-St-Zip: PANAMA CITY, FL

Title: STD ( ) Delete  
Name: BURNHAM, WESLEY,  
Address: 529 BEACON PKWY STE 108  
City-St-Zip: BIRMINGHAM, AL

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

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

SIGNATURE: LES W. BURKE

PD

05/02/2006

Electronic Signature of Signing Officer or Director

Date