


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # G41609
 1. Entity Name
 THE MOORINGS AT WOODLAWN, INC.



Principal Place of Business 221 MCKENZIE AVE. P.O. BOX 70 PANAMA CITY, FL 32402	Mailing Address 221 MCKENZIE AVE. P.O. BOX 70 PANAMA CITY, FL 32402
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DO NOT WRITE IN THIS SPACE



03302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2298278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000703459 04/20/07-80134-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKE, LES 221 MCKENZIE AVE. PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURNHAM, WESLEY 529 BEACON PKWY STE 108 BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Les W. Burke, President** **4/2/07** **(850)769-1414**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #