
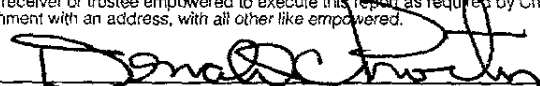


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # J08778 1. Entity Name MOORINGS HARBOR, INC.				
Principal Place of Business 2125 WINDWARD WAY VERO BEACH, FL 32963		Mailing Address 2125 WINDWARD WAY VERO BEACH, FL 32963		
DO NOT WRITE IN THIS SPACE				
				01252006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2670022		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CALDWELL, WILLIAM W. 756 BEACHLAND BLVD VERO BEACH, FL 32963		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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000428602 02/21/06-80055-013 150.00		
TITLE	PD			
NAME	PROCTOR, DONALD C.			
STREET ADDRESS	2125 WINDWARD WAY			
CITY-ST-ZIP	VERO BEACH, FL			
TITLE	VD			
NAME	BRADSHAW, CHARLES J.			
STREET ADDRESS	2125 WINDWARD WAY			
CITY-ST-ZIP	VERO BCH., FL			
TITLE	D			
NAME	PETERS, FERGUSON E.			
STREET ADDRESS	2125 WINDWARD WAY			
CITY-ST-ZIP	VERO BCH., FL			
TITLE	VD			
NAME	RICHARDSON, DANFORTH K.			
STREET ADDRESS	2125 WINDWARD WAY			
CITY-ST-ZIP	VERO BCH., FL			
TITLE	TS			
NAME	BOYLE, VINCENT J			
STREET ADDRESS	700 20TH STREET			
CITY-ST-ZIP	VERO BEACH, FL 32960			
TITLE	AS			
NAME	SHERRY, MARSHA			
STREET ADDRESS	2125 WINDWARD WAY			
CITY-ST-ZIP	VERO BEACH, FL 32963			
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: X 		Date _____ Daytime Phone # _____		