

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K92337

FILED
Apr 24, 2008
Secretary of State

Entity Name: THE MOORINGS AT CARRABELLE, INC.

Current Principal Place of Business:

1000 US HWY 98
CARRABELLE, FL 32322

New Principal Place of Business:

Current Mailing Address:

1000 US HWY 98
P.O. BOX M
CARRABELLE, FL 32322

New Mailing Address:

FEI Number: 59-2952463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
C/O MITCHELL I. HOROWITZ, ESQ.
501 E. KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CHILES, LAWTON M III
Address: 1000 U.S. HWY 98 P.O.B. M
City-St-Zip: CARRABELLE, FL 32322

Title: DVP () Delete
Name: BOLTON, JEFF
Address: 1000 U.S. HWY 98 POB M
City-St-Zip: CARRABELLE, FL 32322

Title: DST () Delete
Name: ABERNETHY, TODD
Address: 1000 US HWY 98 POB M
City-St-Zip: CARRABELLE, FL 32322

Title: D () Delete
Name: HART, GEORGE
Address: 1000 US HWY 98 POB M
City-St-Zip: CARRABELLE, FL 32322

Title: D () Delete
Name: PRINCE, ROBERT E
Address: 1000 US HWY 98 POB M
City-St-Zip: CARRABELLE, FL 32322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: ABERNETHY, TODD
Address: 1000 US HWY 98 POB M
City-St-Zip: CARRABELLE, FL 32322

Title: D (X) Change () Addition
Name: BALAMES, THOMAS
Address: 1000 US HWY 98 POB M
City-St-Zip: CARRABELLE, FL 32322

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TODD ABERNETHY

ST

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date