

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K92337

FILED  
Apr 23, 2009  
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: ST ( ) Delete  
Name: ABERNETHY, TODD  
Address: 1000 US HWY 98 POB M  
City-St-Zip: CARRABELLE, FL 32322

Title: D ( ) Delete  
Name: BALAMES, THOMAS  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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

04/23/2009

Electronic Signature of Signing Officer or Director

Date