

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000074817

FILED
Apr 24, 2008
Secretary of State

Entity Name: MOORINGS DEVELOPMENT, 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: 20-2926760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER BOGGS BANKER PA
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: P () Delete
Name: CHILES, III, LAWTON M
Address: 3130 BARINGER HILL DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: ST () Delete
Name: ABERNETHY, TODD
Address: 3250 ENDICOTT DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: HART, GEORGE
Address: 5620 CONWAY DRIVE
City-St-Zip: MARIETTA, GA 30068

Title: VP () Delete
Name: BOLTON, JEFF
Address: 56 WOODSTOCK ROAD
City-St-Zip: ROSWELL, GA 30075

Title: D () Delete
Name: PRINCE, ROBERT
Address: 148 SPYGLASS LANE
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BALAMES, THOMAS
Address: 5620 CONWAY DRIVE
City-St-Zip: MARIETTA, GA 30068

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

04/24/2008

Electronic Signature of Signing Officer or Director

Date