

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000074817

FILED
Apr 21, 2010
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:

PO BOX M
1000 US HWY 98
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:

LOWE, FRANCES CASEY
3042 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 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
Name: CHILES, III, LAWTON M
Address: 3130 BARINGER HILL DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: D
Name: ROBERTS, SCOTT
Address: 2754 RIDERWOOD LANE
City-St-Zip: MARIETTA, GA 30062

Title: D
Name: BALAMES, THOMAS
Address: 5620 CONWAY DRIVE
City-St-Zip: MARIETTA, GA 30068

Title: DST
Name: BOLTON, JEFF
Address: 56 WOODSTOCK ROAD
City-St-Zip: ROSWELL, GA 30075

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

Title: D
Name: GOTTUNG, MARK F
Address: 300 BRECKENRIDGE CT.
City-St-Zip: ROSWELL, GA 30075

I hereby 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 all other like empowered.

SIGNATURE: LAWTON M CHILES III

DP

04/21/2010

Electronic Signature of Signing Officer or Director

Date