
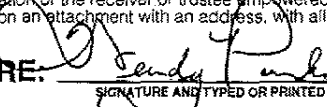
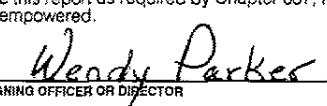


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000075701		
1. Entity Name DESTIN MARINA SERVICES, INC.		
Principal Place of Business 66 HWY. 98E DESTIN, FL 32541 US	Mailing Address 4100 LEGENDARY DR. STE. 200 DESTIN, FL 32541 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEGLER, MITCHELL W 300A WHARFSIDE WAY JACKSONVILLE, FL 32207		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>U000000770769</small> <small>07/27/07-800006-009 550.00</small> <small>DATE</small>
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P BOS, PETER H JR 4100 LEGENDARY DRIVE, SUITE 200 DESTIN, FL 32541	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CRAUL, BRUCE 4100 LEGENDARY DRIVE, SUITE 200 DESTIN, FL 32541	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PARKER, WENDY 4100 LEGENDARY DRIVE, SUITE 200 DESTIN, FL 32541	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/T BUSFIELD, DAVID A 4100 LEGENDARY DRIVE, SUITE 200 DESTIN, FL 32541	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> 7/25/07 <small>Daytime Phone #</small> (850) 337-8000