
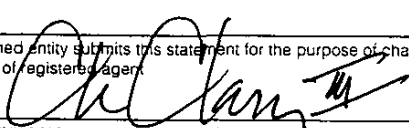
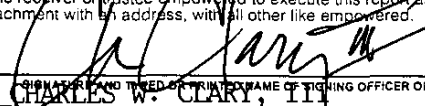


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 11 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 621407			
1. Entity Name CPR OF DESTIN, INC.			
Principal Place of Business 3 OLD FERRY ROAD SHALIMAR, FL 32579		Mailing Address C/O C. W. CLARY P.O. BOX 778 SHALIMAR, FL 32579	
2. Principal Place of Business - No P.O. Box # 1241 AIRPORT ROAD STE A		3. Mailing Address C/O CHARLES W. CLARY, III P.O. BOX 778	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. BOX 778	
City & State DESTIN FL		City & State SHALIMAR FL	
Zip 32541	Country	Zip 32579	Country
4. FEI Number 59-1956952		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARY, CHARLES W. 19 OLD FERRY RD. SHALIMAR, FL 32579		7. Name and Address of New Registered Agent Name CHARLES W. CLARY, III Street Address (P.O. Box Number is Not Acceptable) 1241 AIRPORT ROAD SUITE A City DESTIN FL Zip Code 32541	
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  SEPTEMBER 10, 2008 Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 03/19/08 90018 013 \$150.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARY, CHARLES W. 19 OLD FERRY RD SHALIMAR, FL 32579 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLARY, CAROLYN L. 19 OLD FERRY RD SHALIMAR, FL 32579 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CLARY, CAROLYN L. 19 OLD FERRY RD SHALIMAR, FL 32579 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/D CLARY, III, CHARLES W. 44 TRANQUILITY LANE DESTIN, FL 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T/D CLARY, CAROLE A. 19 OLD FERRY RD SHALIMAR, FL 32579 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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: 		SEPTEMBER 10, 2008 850-837-9550	
CHARLES W. CLARY, III		Date Daytime Phone #	