# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 16, 2009**
**Secretary of State**

DOCUMENT# 621407

**Entity Name:** CPR OF DESTIN, INC.

**Current Principal Place of Business:**

1241 AIRPORT ROAD
STE. A
DESTIN, FL 32541

**New Principal Place of Business:**

1241 AIRPORT ROAD
STE. B
DESTIN, FL 32541

**Current Mailing Address:**

C/O CHARLES W. CLARY, III
P.O. BOX 778
SHALIMAR, FL 32579

**New Mailing Address:**

**FEI Number: 59-1956952** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARY, CHARLES W III
1241 AIRPORT ROAD
STE. A
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

CLARY, CHARLES W III
1241 AIRPORT ROAD
STE. B
DESTIN, FL 32541 US

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: _____ 04/16/2009
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete
Name: CLARY, CAROLYN L
Address: 19 OLD FERRY RD
City-St-Zip: SHALIMAR, FL 32579

Title: VPSD ( ) Delete
Name: CLARY, CHARLES W III
Address: 44 TRANQUILITY LANE
City-St-Zip: DESTIN, FL 32541

Title: VPTD ( ) Delete
Name: CLARY, CAROLE A
Address: 19 OLD FERRY RD.
City-St-Zip: SHALIMAR, FL 32579

**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:

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: CHARLES W CLARY III VPSD 04/16/2009
Electronic Signature of Signing Officer or Director — Date