

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F95000000763

1. Entity Name  
DESTIN MANAGEMENT CORPORATION



**FILED  
Apr 19, 2006 8:00 am  
Secretary of State**

04-19-2006 90086 006 \*\*\*150.00

Principal Place of Business  
P.O. BOX 5407  
DESTIN, FL 32540

Mailing Address

P.O. BOX 5407  
DESTIN, FL 32540

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04102006 Chg-P CR2E034 (11/05)

4. FEI Number  
63-1134851

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISAND ROAD  
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCS  Delete  
NAME ADAMS, JOY G  
STREET ADDRESS 2200 RAY THORINGTON ROAD  
CITY - ST - ZIP PIKE ROAD, AL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCS  Change  Addition  
NAME Adams, Joy G.  
STREET ADDRESS P.O. Box 5407  
CITY - ST - ZIP Destin, FL 32540

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Change  Addition  
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:

4-14-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #