



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90183 019 ***150.00

DOCUMENT # F95000001917 1. Entity Name DESTRON, INC.					
Principal Place of Business 3600 LAS VEGAS BLVD. SOUTH LAS VEGAS, NV 89109			Mailing Address 3799 LAS VEGAS BLVD., SOUTH LAS VEGAS, NV 89109		
2. Principal Place of Business Same		3. Mailing Address 3950 Las Vegas Blvd. South			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Las Vegas, NV		4. FEI Number 88-0234293	
Zip		Zip 89119		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOON, ROBERT V 3799 LAS VEGAS BLVD SOUTH LAS VEGAS, NV 89109 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Moon, Robert V. 3600 Las Vegas Blvd. South Las Vegas, NV 89109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUREEN, JAMES J 3799 LAS VEGAS BLVD SOUTH LAS VEGAS, NV 89109 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Murren, James J. 3600 Las Vegas Blvd. South Las Vegas, NV 89109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACOBS, GARY N 3799 LAS VEGAS BLVD SOUTH LAS VEGAS, NV 89109 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jacobs, Gary N. 3600 Las Vegas Blvd. South Las Vegas, NV 89109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WRIGHT, BRYAN 3799 LAS VEGAS BLVD SOUTH LAS VEGAS, NV 89109 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Wright, Bryan L. 3950 Las Vegas Blvd. South Las Vegas, NV 89119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANNI, TERRENCE J 3799 LAS VEGAS BLVD SOUTH LAS VEGAS, NV 89109 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lanni, J. Terrence 3600 Las Vegas Blvd. South Las Vegas, NV 89109 <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	<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 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: 			Bryan L. Wright 4/24/06 (702) 632-9877		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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