2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000001690

1. Entity Name DESTIN DIRECTORY, INC.



FILED Apr 30, 2007 08:00 Al Secretary of State

Principal Place of Business

4435 CLIPPER COVE DESTIN, FL 32541 Mailing Address

4435 CLIPPER COVE DESTIN, FL 32541



DO NOT WRITE IN THIS SPACE

 04252007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 59-3319154
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHEYD, JOSEPH M JR 1221 AIRPORT RD SUITE 209 DESTIN, FL 32541

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 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, 2007 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution			cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAM, TERESA 4435 CLIPPER COVE DESTIN, FL 32541				11000000740000
TITLE NAME STREET AODRESS CITY-ST-ZIP					U00000746293 05/16/07-80064-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		180			
TITLE NAME STREET AODRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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.					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied nental 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 850-654-6799