
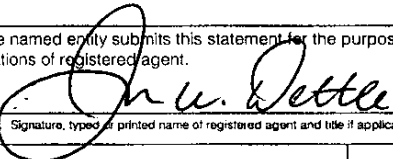
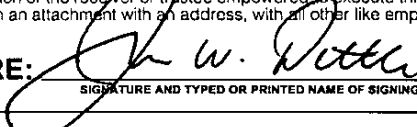


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90053 039 \*\*\*150.00

|  |   |   |   |
|--|---|---|---|
| DOCUMENT # G04068  |   |    |   |
| 1. Entity Name<br>KIMO ENTERPRISES OF DESTIN, INC.   |   |   |   |
| Principal Place of Business<br>5 INDUSTRIAL PARK LANE # 101<br>DESTIN, FL 32541  |   | Mailing Address<br>5 INDUSTRIAL PK LN<br>STE 101<br>DESTIN, FL 32541-2704   |   |
| 2. Principal Place of Business - No P.O. Box #<br>4433 COMMONS DR<br>Suite, Apt. #, etc.<br>UNIT E103  |   | 3. Mailing Address<br>4433 COMMONS DR<br>Suite, Apt. #, etc.<br>UNIT E103   |   |
| City & State<br>DESTIN, FL   |   | City & State<br>DESTIN, FL  |   |
| Zip<br>32541   | Country<br>USA  | Zip<br>32541  | Country<br>USA  |
| 6. Name and Address of Current Registered Agent<br>DETTLE, JAMES W.<br>5 INDUSTRIAL PARK LANE # 101<br>DESTIN, FL 32541  |   | 7. Name and Address of New Registered Agent<br>Name<br>DETTLE, JAMES W.<br>Street Address (P.O. Box Number is Not Acceptable)<br>4433 COMMONS DR. E103<br>City<br>DESTIN FL Zip Code<br>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<br>  |   | DATE<br>2-15-08   |   |
| Signature, typed or printed name of registered agent and title if applicable.  |   | (NOTE: Registered Agent signature required when reinstating)  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |   |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PS<br>DETTLE, JAMES W<br>5 INDUSTRIAL PARK LANE # 101<br>DESTIN, FL 32541 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DETTLE, JAMES W<br>4433 COMMONS DR. E103<br>DESTIN, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:<br>  |   | DATE<br>JAMES W. DETTLE 2-15-08 (850) 837-3160 x1   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date Daytime Phone #  |   |

40031900



01172008 Chg-P CR2E034 (12/06)

4. FEI Number  
59-2304553

Applied For  
Not Applicable

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