

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-05-2006 90158 044 ***150.00

DOCUMENT # K24178

1. Entity Name

DESTIN BEACH, INC.



Principal Place of Business

C/O ANN BELL
1008 U.S. 98, DESTIN TOWERS BOX B
DESTIN FL 32541

Mailing Address

C/O ANN BELL
1008 U.S. 98, DESTIN TOWERS BOX B
DESTIN FL 32541



2. Principal Place of Business *C/O Ann Bell*
681 SE Hidden River Dr.

3. Mailing Address *C/O Ann Bell*
681 SE Hidden River Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Port St. Lucie, Fl.

City & State

Port St. Lucie, Fl.

4. FEI Number

59-2905818

Applied For

Not Applicable

Zip

34983

Country

St. Lucie

Zip

34983

Country

St. Lucie

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELL, LLOYD F JR.
C/O ANN BELL
1008 U.S. 98, DESTIN TOWERS, 1-C
DESTIN FL 32541

7. Name and Address of New Registered Agent

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BELL, LLOYD F JR.	
STREET ADDRESS	1008 U.S. 98	
CITY-ST-ZIP	DESTIN FL 32541	

TITLE	ST	<input type="checkbox"/> Delete
NAME	BELL, CARMELA	
STREET ADDRESS	1018 U.S. 98	
CITY-ST-ZIP	DESTIN FL 32541	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	(P) Bell, Lloyd F JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	681 S.E. Hidden River Dr.	
STREET ADDRESS	Port St. Lucie, Fl. 34983	
CITY-ST-ZIP		

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bell, Carmela A.	
STREET ADDRESS	1018 U.S. 98	
CITY-ST-ZIP	Destin, Fl. 32541	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bell, Ann W.	
STREET ADDRESS	681 S.E. Hidden River Dr.	
CITY-ST-ZIP	Port St. Lucie, Fl. 34983	

TITLE	Stockholder	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bell, Christina R.	
STREET ADDRESS	1270 NE 103 St.	
CITY-ST-ZIP	Miami Shores, Fl. 33138	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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:

Lloyd F. Bell Jr.

Mar. 3, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #