

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90010 035 \*\*\*150.00

**DOCUMENT # K24178**

1. Entity Name  
**DESTIN BEACH, INC.**



Principal Place of Business  
**C/O ANN BELL  
681 SE HIDDEN RIVER DR  
PORT SAINT LUCIE, FL 34983**

Mailing Address  
**C/O ANN BELL  
681 SE HIDDEN RIVER DR  
PORT SAINT LUCIE, FL 34983**

**40108016**



04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2905818**

Applied For  
Not Applicable

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, 4C 1 & 2 IDABELLE IS  
DESTIN, FL 32541 FT. PIERCE, FL  
34982**

**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 Lloyd F. Bell Jr.

Signature, typed or printed name of registered agent and title, 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 Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME	P BELL, LLOYD F JR.
STREET ADDRESS	681 SE HIDDEN RIVER DR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE NAME	ST BELL, CARMELA A
STREET ADDRESS	1018 US 98
CITY-ST-ZIP	DESTIN, FL 32541
TITLE NAME	D BELL, ANN W
STREET ADDRESS	681 SE HIDDEN RIVER DR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE NAME	SH BELL, CHRISTINA R
STREET ADDRESS	1270 NE 103RD ST
CITY-ST-ZIP	MIAMI, FL 33138
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Lloyd F. Bell Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #