

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90033 001 ***150.00

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03132007 Chg-P CR2E034 (12/06)

DOCUMENT # K50483 1. Entity Name DESTIN PAINT CENTER, INC.			
Principal Place of Business 9014 COMMONS DR W. SUITE 120 DESTIN, FL 32541 US		Mailing Address 9014 COMMONS DR W. SUITE 120 DESTIN, FL 32541 US	
2. Principal Place of Business - No P.O. Box # 4014 Commons Dr. W.		3. Mailing Address 4014 Commons Dr. W.	
Suite, Apt. #, etc. Suite 120		Suite, Apt. #, etc. Suite 120	
City & State Destin, FL		City & State Destin, FL	
Zip 32541		Zip 32541	
Country USA		Country USA	
4. FEI Number 59-2924408		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHOLES, THOMAS D. 283 HIGHWAY 98, EAST DESTIN, FL 32541 4014 Commons Dr. W. Suite 120 Destin, FL 32541		7. Name and Address of New Registered Agent Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> <div style="float: right;">DATE _____</div>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 VS NAME CARROUM, PATRICIA STREET ADDRESS 4014 COMMONS DR W, SUITE 120 CITY - ST - ZIP DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PT NAME SHOLES, THOMAS DEWITT STREET ADDRESS 4014 COMMONS DR W, SUITE 120 CITY - ST - ZIP DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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
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
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: Thomas D. Sholes		Date: 3-13-07 Daytime Phone #: 850-837-4141	