

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L13609	
1. Entity Name DESTINY MACHINERY, INC.	

Principal Place of Business 2401 DESTINY WAY ODESSA, FL 33556 US	Mailing Address 2401 DESTINY WAY ODESSA, FL 33556 US
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01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1280019

Applied For	
Not Applicable	

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DELZER, HARVEY V. 2401 DESTINY WAY ODESSA, FL 33556

**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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 STREET ADDRESS CITY-ST-ZIP	PTD LALIBERTE, DENNIS M. 5408 SALTAMONTE DRIVE NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LALIBERTE, SANDRA M. 5408 SALTAMONTE DRIVE NEW PORT RICHEY, FL
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01/24/06-80013-008 150.00

**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: *Sandra Laliberte* **1/15/06** **(927) 376-2399**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #