

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L18362

FILED  
Mar 16, 2006  
Secretary of State

Entity Name: DESTIN PROFESSIONAL CONSULTANTS, INC.

## Current Principal Place of Business:

320 HWY 98 EAST, #705  
PO BOX 5617  
DESTIN, FL 32541

## New Principal Place of Business:

## Current Mailing Address:

320 HWY 98 EAST, #705  
PO BOX 5617  
DESTIN, FL 32541

## New Mailing Address:

FEI Number: 59-2977439      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SMITH, JOHN E.,  
Address: 2000 BAYOU LA PORTE DR  
City-St-Zip: BILOXI, MS 39531

Title: SD ( ) Delete  
Name: SMITH, LYNN D.,  
Address: 2000 BAYOU LAPORTE DR  
City-St-Zip: BILOXI, MS 39531

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SMITH, JOHN E.,  
Address: 1923 SPILLWAY RD., #191  
City-St-Zip: BRANDON, MS 39047

Title: SD (X) Change ( ) Addition  
Name: SMITH, LYNN D.,  
Address: 1923 SPILLWAY RD., #191  
City-St-Zip: BRANDON, MS 39047

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SMITH, LYNN D.

SD

03/16/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date