


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000005763</b> 1. Entity Name <b>AMVETS POST 29 OF DESTIN, INC.</b>	
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Principal Place of Business <b>106 BENNING DRIVE UNIT 2 DESTIN FL 32541</b>	Mailing Address <b>106 BENNING DRIVE UNIT 2 DESTIN FL 32541</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E037 (10/07)

4. FEI Number <b>59-3175318</b>	Applied For Not Applicable
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6. Name and Address of Current Registered Agent

<b>SIMON, JOSEPH 955 AIRPORT RD APT 612 DESTIN FL 32541</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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 \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DPC	
NAME	EDGE, RAYMOND A	
STREET ADDRESS	608 SANDLEWOOD	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D2VC	
NAME	RANDOLPH, RAYMOND H	
STREET ADDRESS	710 LEGION DR UNIT D.1	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	
NAME	SIMON, JOSEPH	
STREET ADDRESS	955 AIRPORT RD. APT 612	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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 617, 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:** *Joseph Simon*

2/20/08 (850) 837 1794