


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90274 012 ***150.00

DOCUMENT # P00000016863	
1. Entity Name DESTIN'S WELL & PUMP, INC.	

Principal Place of Business 1171 BEACH BLVD JACKSONVILLE BEACH, FL 32250	Mailing Address 1510 HORSESHOE LOOP ST GEORGE, GA 31362
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50005939

2. Principal Place of Business	3. Mailing Address 791 Assisi Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc. Apt # 1706
City & State	City & State Atlantic Beach, FL
Zip	Country 32233 USA



02242006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent AAA BUSINESS & TAX SERVICES LLC 4070 HERSCHEL ST JACKSONVILLE, FL 32210		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DESTIN, PAUL A 1510 HORSESHOE LOOP SAINT GEORGE, GA 31362 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DESTIN, PAUL A 791 Assisi Lane #1706 Atlantic Beach, FL 32233 <input checked="" 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
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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: Paul A. Destin **Paul A. Destin, President** Date: 2/24/06 Daytime Phone #: 904-242-2759