

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90166 042 \*\*\*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  
791 ASSISI LN  
APT 1706  
ATLANTIC BEACH, FL 32233

40079919



2. Principal Place of Business - No P.O. Box #  
2072 Mayport Road  
Suite, Apt. #, etc.

3. Mailing Address  
2072 Mayport Road  
Suite, Apt. #, etc.

04072007 Chg-P CR2E034 (12/06)

City & State  
Atlantic Beach, FL  
Zip 32233 Country US

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Atlantic Beach, FL  
Zip 32233 Country US

4. FEI Number  
59-3625548  
Applied For  
Not Applicable

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

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: IT'S YOUR MONEY, LLC  
Street Address (P.O. Box Number is Not Acceptable): 2072 MAYPORT ROAD  
City: Atlantic Beach FL Zip Code: 32233

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: *Michealyn Adams* DATE: 4/8/07  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: PSTD  
NAME: DESTIN, PAUL A  
STREET ADDRESS: 791 ASSISI LN #1706  
CITY-ST-ZIP: ATLANTIC BEACH, FL 32233

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
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CITY-ST-ZIP:   
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS: 304 COURAGEOUS COURT NOR.  
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
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STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ 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* DATE: 4/8/07 DAYTIME PHONE: 904-739-8211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR