

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000027300

1. Entity Name
SUNSATIONS OF DESTIN, INC.



**FILED
Mar 07, 2005 8:00 am
Secretary of State**

03-07-2005 90256 027 ***150.00

Principal Place of Business
960 HWY 98 E
DESTIN SHOPPING CENTER
DESTIN, FL 32541

Mailing Address
12400 FRONT BEACH RD.
PANAMA CITY BEACH, FL 32407

DO NOT WRITE IN THIS SPACE



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3634207	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HARMON, DANIEL III
427 MCKENZIE AVE.
PANAMA CITY, FL 32402

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: DP
NAME: ASSRAF, SHLOMO
STREET ADDRESS: 12400 FRONT BEACH RD.
CITY-ST-ZIP: PANAMA CITY BEACH, FL 32407

TITLE: DVP
NAME: SIBONY, AVRAHAM
STREET ADDRESS: 1566 TEAL DRIVE
CITY-ST-ZIP: OCEAN CITY, MD 21842

TITLE: DST
NAME: SIBONY, YARON
STREET ADDRESS: 1501 HORSE POINT CT
CITY-ST-ZIP: VIRGINIA BEACH, VA 23454

TITLE: M
NAME: SIBONY, DAVID
STREET ADDRESS: 21399 MARINA COVE CIRCLE
CITY-ST-ZIP: AVENTURA, FL 33180

TITLE: M
NAME: SIBONY, PROSPER
STREET ADDRESS: 20975 NE 30TH PLACE
CITY-ST-ZIP: MIAMI, FL 33180

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-05 850-235-9876
Date Daytime Phone #