

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

03-07-2005 90256 027 \*\*\*150.00

**DOCUMENT # P00000027300**

1. Entity Name  
SUNSACTIONS OF DESTIN, INC.



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



02142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3634207

Applied For  
Not Applicable

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

Date

850-235 9876

Daytime Phone #