

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000027300

1. Entity Name  
SUNSATIIONS 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

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Mar 25, 2008 08:00 AM**  
**Secretary of State**



01242008 No Chg-P CR2E034 (11/05)

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
SIBONY, AVRAHAM  
12501 CAOSTAL HWY  
OCEAN CITY, MD 21842

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
SIBONY, YARON  
1916 ATLANTIC AVE  
VIRGINIA BEACH, VA 23451

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
M  
SIBONY, DAVID  
12501 COASTAL HWY  
OCEAN CITY, MD 21842

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
M  
SIBONY, PROSPER  
12501 COASTAL HWY  
OCEAN CITY, MD 21842

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000870143  
04/09/08-80079-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Shlomo Assraf*, 3/21/08 850 235-9874