2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000029860

1. Entity Name
DESTIN BANCSHARES INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
2000 NINETY-EIGHT PALMS BLVD DESTIN, FL 32541	PO BOX 248 DESTIN, FL 32540

02162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3642684
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BURGE, FRANK
2000 NINETY-EIGHT PALMS BLVD.
DESTIN, FL 32541

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000288070
04/04/05-80093-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BURGE, FRANK
STREET ADDRESS	522 WALTON WAY
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D
NAME	CARR, FREDDY
STREET ADDRESS	10 DANBERRY COURT
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	D
NAME	WILSON, DEWEY C JR
STREET ADDRESS	9563 HWY 83
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	D
NAME	CLAY, RONNY A
STREET ADDRESS	705 GULFSHORE DR #104
CITY-ST-ZIP	DESTIN, FL
TITLE	D
NAME	LOGAN, KEVIN
STREET ADDRESS	1522 MACK BAYOU RD.
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32549
TITLE	D
NAME	RIGGS, STEPHEN C
STREET ADDRESS	8 SHADY LANE DRIVE
CITY-ST-ZIP	MARY ESTHER, FL

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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: _____ 3/21/05 850.837-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #