2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000061642

1. Entity Name

DESTIN RESTAURANT GROUP, INC.



FILED Apr 04, 2007 08:00 All Secretary of State

Principal Place of Business

1217 AIRPORT RD

STE 419

DESTIN, FL 32541

Mailing Address

1217 AIRPORT RD

STE 419

DO NOT WRITE IN THIS SPACE

DESTIN, FL 32541



02062007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3655188

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, RUPERT E 1217 AIRPORT RD STE 419

DO NOT WRITE IN THIS SDACE

DESTIN, FL 32541			IN THIS STAGE		
	named entity submits this statement for the pions of registered agent.	purpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title in	t applicable (NOTE: Registered	: Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10. OFFICERS AND DIRECTORS			ĺ		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, RUPERT E 1217 AIRPORT ROAD DESTIN, FL 32541				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000688729 04/11/07-80006-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
NAME					

12. Thereby 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 director of the corporation or the receiver or director of the corporation or the receiver or director. of the corporation or the receiver or trustee changed, or on an attachment with an arch

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP

850-650-520/