## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P01000001363

1. Entity Name

DESTINY ENTERPRISES OF PINELLAS INC.



**FILED** Feb 01, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

4760 56TH AVENUE N. ST. PETERSBURG, FL 33714

4760 56TH AVENUE N. ST. PETERSBURG, FL 33714



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) Applied For 4. FEI Number 59-3689825 Not Applicable

5. Certificate of Status Desired

01042008

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAVERO, DANIEL J 4760 56TH AVENUE N. ST. PETERSBURG, FL 33714

## DO NOT WRITE IN THIS SPACE

No Chg-P

| 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 renie of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaturg)  DATE                                                                   |                                                                            |                                                     |            |                                |                                                             |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00                                                                                                                                                        |                                                                            | Election Campaign Finan     Trust Fund Contribution |            | \$5.00 May Be<br>Added to Fees | U00000810236<br>02/08/08-80056-014 150.00                   |
| 10.                                                                                                                                                                                                                          | OFFICERS AND DIREC                                                         | CTORS                                               |            |                                |                                                             |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | PS<br>FAVERO, BEVERLY E<br>4760 56TH AVE. N.<br>SAINT PETERSBURG, FL 33714 |                                                     |            |                                |                                                             |
| TITLE                                                                                                                                                                                                                        | VT                                                                         |                                                     |            |                                |                                                             |
| NAME                                                                                                                                                                                                                         | FAVERO, DANIEL J                                                           |                                                     |            |                                |                                                             |
| STREET ADDRESS                                                                                                                                                                                                               | 4760 56TH AVE. N.                                                          |                                                     |            |                                |                                                             |
| CITY-ST-ZIP                                                                                                                                                                                                                  | SAINT PETERSBURG, FL 33714                                                 |                                                     |            |                                |                                                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                        |                                                                            |                                                     |            | DO                             | NOT WRITE                                                   |
| TITLE                                                                                                                                                                                                                        |                                                                            |                                                     |            | INI '                          | THIS SPACE                                                  |
| NAME                                                                                                                                                                                                                         |                                                                            |                                                     |            | 11.4                           | THIS SPACE                                                  |
| STREET ADDRESS                                                                                                                                                                                                               |                                                                            |                                                     |            |                                |                                                             |
| CITY-ST-ZIP                                                                                                                                                                                                                  |                                                                            |                                                     |            |                                |                                                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                        |                                                                            |                                                     |            |                                | . **                                                        |
| TITLE                                                                                                                                                                                                                        |                                                                            |                                                     |            |                                |                                                             |
| NAME                                                                                                                                                                                                                         |                                                                            |                                                     |            |                                |                                                             |
| STREET ADDRESS                                                                                                                                                                                                               |                                                                            |                                                     |            |                                |                                                             |
| CHY-ST-ZIP                                                                                                                                                                                                                   |                                                                            |                                                     |            |                                |                                                             |
| 12. I hereby                                                                                                                                                                                                                 | certify that the information supplied with this fi                         | ling does not qualify for the exe                   | mptions co | ntained in Chapter 11          | 9, 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: \_

Beverly E. Yavero

BEVERLY E FAVERO