2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P01000107914

1. Entity Name DESTIN TAXI, INC.



FILED Mar 18, 2008 08:00 A Secretary of State

Principal Place of Business

75 PISCES DR. SANTA ROSA BEACH, FL 32459 Mailing Address

75 PISCES DR.

SANTA ROSA BEACH, FL 32459



DO NOT WRITE IN THIS SPACE

02192008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 04-3648616 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITEHEAD, R. SCOTT ESQ. WEIMORTS & WHITEHEAD, P.A. 4507 FURLING LN., STE. 209 DESTIN,:FL:32541

changed, or on an attachment with an address

SIGNATURE: 2

DO NOT WRITE IN THIS SPACE

14/moule

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8. The above	named entity submits this statement for the plions of registered agent.	ourpose of changing its registered	d office or re	egistered agent, or both	h, in the State of Florida. I am familiar with, and accept
SIGNAȚURE.	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 \$5.00 May Be Trust Fund Contribution. Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD CHAMBLESS, REX 75 PISCESS DRIVE SANTA ROSA BEACH, FL 32459	CTORS .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAMBLESS, DESAREY L 75 PISCESS DRIVE SANTA ROSA BEACH, FL 32459				U00000862508 04/03/08-80052-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the examptions 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 the required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR