# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 15, 2009**
**Secretary of State**

DOCUMENT# P01000118230

**Entity Name:** DESTINY EXECUTIVE GROUP BY DEBORAH PERSLEY, INC

**Current Principal Place of Business:**

29564 OXFORD CIRCLE
HARVEST, AL 35749

**New Principal Place of Business:**

**Current Mailing Address:**

29564 OXFORD CIRCLE
HARVEST, AL 35749

**New Mailing Address:**

**FEI Number: 59-3732275** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, GLENN E
5965 GROVE STREET
SAINT PETERSBURG, FL 33712 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: PERSLEY, DEBORAH
Address: 29564 OXFORD CIRCLE
City-St-Zip: HARVEST, AL 35749

Title: VP ( ) Delete
Name: DANIEL, ALLEN
Address: 1854 62ND PLACE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: SECR ( ) Delete
Name: BEVERLY, ALLEN
Address: 1854 62ND PLACE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: DIR ( ) Delete
Name: VIRGINIA, ROBINSON
Address: 2225 7TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: DIR ( ) Delete
Name: GLENN, ROBINSON
Address: 5965 GROVE STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH PERSLEY PRES 07/15/2009

Electronic Signature of Signing Officer or Director Date