

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # **PR000044269**



FILED
Jan 24, 2007 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/06)

1. Entity Name DESTIN POOLS INC		Mailing Address 4014 COMMONS DR UNIT # 104 DESTIN FL 32541	
Principal Place of Business - No P.O. Box # 4014		3. Mailing Address	
City, St. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 03-0440870		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WAITES, JERRY LEE 757 WHIPPOOWILL DESTIN FL 32541		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE D NAME WAITES, JERRY LEE STREET ADDRESS 4014 COMMONS DR, UNIT 104 CITY-ST-ZIP DESTIN FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change U00000601515 01/26/07-80053-003 15
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions indicated on this report or supplemental report is true and accurate and that my signature shall be of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR