FILED
Apr 30, 2004 8:00 am
Secretary of State

04-12-2004 90286 050 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/1:

DOCUMENT # P03000068832

1. Entity Name
DESTIN VENDING, INC.

66417487

Principal Place of Business	Mailing Address
~~4628 SOUTHWINDS DR.~~ ~~DESTIN, FL 32541~~	~~4628 SOUTHWINDS DR.~~ ~~DESTIN, FL 32541~~

02052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
101 Mattie M. Kelly Blvd. Suite, Apt. #, etc.		101 Mattie M. Kelly Blvd. Suite, Apt. #, etc.	
City & State: Destin, Florida		City & State: Destin, FLorida	
Zip: 32541	Country	Zip: 32541	Country

4. FEI Number: 65-1193620 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~KARIAN, STEPHAN~~
~~4628 SOUTHWINDS DR.~~
~~DESTIN, FL 32541~~

7. Name and Address of New Registered Agent

Name: Kevin M. Helmich, Esq.
Street Address (P.O. Box Number is Not Acceptable): 4481 Legendary Drive
Suite 200
City: Destin FL Zip Code: 32541

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] 2-5-04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KARIAN, STEPHAN ~~4628 SOUTHWINDS DR.~~ DESTIN, FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 101 Mattie M. Kelly Blvd	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature], President 3/31/04 (850)269-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STEPHAN KARIAN

4/23/04
Via UPS

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