

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

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

04-12-2004 90286 050 ***150.00

DOCUMENT # P03000068832	
1. Entity Name DESTIN VENDING, INC.	

Principal Place of Business 4628 SOUTHWINDS DR. DESTIN, FL 32541	Mailing Address 4628 SOUTHWINDS DR. DESTIN, FL 32541
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66417487

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



02052004 Chg-P CR2E034 (10/03)

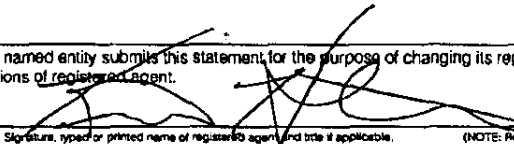
4. FEI Number 05-1193620	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KARIAN, STEPHAN 4628 SOUTHWINDS DR. DESTIN, FL 32541	
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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 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.

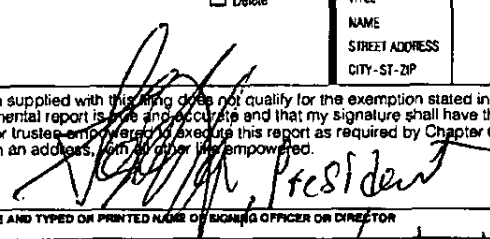
SIGNATURE  DATE **2-5-04**

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARIAN, STEPHAN 4628 SOUTHWINDS DR. DESTIN, FL 32541
	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 101 Mattie M. Kelly Blvd
	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	☐ Change ☐ Addition

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, firm, or other information empowered.

SIGNATURE:  DATE **3/31/04** (850) 269-0909

STEPHAN KARIAN
1278EW55 01-55439002
4/23/04
VIA UPS
1278EW55 13 53915568