2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

of the corporation or the changed, or on an atta

SIGNATURE:

Secretary of State DOCUMENT # P04000042900 02-27-2006 90105 021 ***150.00 PREMIER PROPERTIES OF DESTIN, INC. Principal Place of Business Mailing Address PO BOX 157 PO BOX 157 DESTIN, FL 32540 DESTIN, FL 32540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02222006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 83-0389976 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOK, JOHN A Street Address (P.O. Box Number is A PAUN COOK 4585 WOODWIND DRIVE 373 TERRAPIN TRACE DESTIN, FL 32541 DESTIN, FL 32541 (850) 582-087 City 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 tions of registered agent. SIGNATUR egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. er May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ΠP TITLE ☐ Delete TITLE JOHN COOK Change Addition COOK, JOHN A NAME NAME **373 TERRAPIN TRACE** STREET ADDRESS 4585 WOODWIND DRIVE STREET ADDRESS **DESTIN, FL 32541** CITY-ST-ZIP DESTIN; FL 325,41 CITY-ST-ZIP (850) 582-0874 TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-7IP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nformation supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 repeiver or furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ment with an address, with all other like empowered. I hereby certify that the indicated on this report

ND TYPED OR PROFED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 27, 2006 8:00 am