


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90211 008 ***150.00

DOCUMENT # P04000067142

1. Entity Name
FINAL DESTINATION INC



Principal Place of Business
17923 THELMA AVENUE #E
JUPITER, FL 33458 US

Mailing Address
17923 THELMA AVENUE #E
JUPITER, FL 33458 US

2. Principal Place of Business
16299 84th Ct. N

3. Mailing Address
16299 84th Ct. N


Suite, Apt. #, etc.

City & State
Loxahatchee, FL

City & State
Loxahatchee, FL

Zip
33470 Country
US

Zip
33470 Country
US



03182006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1093294

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KONTER, IAN C
17923 THELMA AVENUE #E
JUPITER, FL 33458

7. Name and Address of New Registered Agent

Name
Konter, Ian C

Street Address (P.O. Box Number is Not Acceptable)
16299 84th Ct. N

City
Loxahatchee FL Zip Code
33470

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 *Ian Konter* **Pres** **4-18-06**
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, 2006 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	P KONTER, IAN C 16299 84TH CT N LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Ian Konter* **3-18-06 (561) 449 9257**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #