

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90075 035 \*\*\*150.00

**DOCUMENT # P04000143707**

1. Entity Name  
**R&B OF SANDESTIN, INC.**



Principal Place of Business

**9375 HWY 98 EAST  
DESTIN, FL 32550**

Mailing Address

**9375 HWY 98 EAST  
DESTIN, FL 32550**

**DO NOT WRITE IN THIS SPACE**



04142006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1766064**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PERRI, DANIEL C  
4 ELEVENTH AVE SUITE 1  
SHALIMAR, FL 32579**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SHAHID, BILLIE T  
880 HWY 98 EAST  
DESTIN, FL 32541**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 40089466  
#P04000143707

So whom it may concern,  
My husband was  
over town taking a  
chemo treatment for  
his colon cancer & I  
was with him -

I'm sorry but  
my accountant did  
not get this to me  
before I left, so there-  
fore she late a fee