

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

04-12-2006 90095 033 ***150.00

DOCUMENT # P05000027340					
1. Entity Name BIRDCO OF DESTIN, INC.					
Principal Place of Business 2989 BAY VILLAS COURT DESTIN, FL 32550			Mailing Address 2989 BAY VILLAS COURT DESTIN, FL 32550		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				04082006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WARD, LORI ELLEN ESQ MATTHEWS & HAWKINS PA 4475 LEGENDARY DRIVE DESTIN, FL 32541				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reissuing) 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	PRESIDENT ☐ Delete				
NAME	WAYNE P. BUNCH				
STREET ADDRESS	2989 BAY VILLAS CT				
CITY-ST-ZIP	DESTIN, FL 32550				
TITLE	VICE PRESIDENT ☐ Delete				
NAME	CAROLYN R. BUNCH				
STREET ADDRESS	2989 BAY VILLAS CT				
CITY-ST-ZIP	DESTIN, FL 32550				
TITLE	TREASURER ☐ Delete				
NAME	THOMAS D. BUNCH				
STREET ADDRESS	63 BUNCH RD				
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32550				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: Wayne P. Bunch / WAYNE P. BUNCH 4-9-06 (850) 622-0948					