

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000032586

1. Entity Name  
DESTIN WINERY, INC.



Principal Place of Business  
CITY MARKET 36150 EMERALD COAST PARKWAY  
UNIT 107  
OKALOOSA, FL 32541 US

Mailing Address  
CITY MARKET 36150 EMERALD COAST PARKWAY  
UNIT 107  
OKALOOSA, FL 32541 US

**FILED**  
**Jul 19, 2007 08:00 AM**  
**Secretary of State**



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-2433964

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

KERR, KEVIN R  
301 NAUTILUS STREET  
PANAMA CITY BEACH, FL 32413

**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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
KERR, KEVIN R  
CITY MARKET 36150 EMERALD COAST PARKWAY  
OKALOOSA, FL 32541

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
KERR, PATRICIA S  
CITY MARKET 36150 EMERALD COAST PARKWAY  
OKALOOSA, FL 32541

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000769576  
07/19/07-80007-008 150.00

**DO NOT WRITE  
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:

*Kevin R. Kerr* KEVIN R. KERR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/07  
Date

850-654-0533  
Daytime Phone #