2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 15, 2007 8:00 am DOCUMENT # P06000083937 **Secretary of State** 02-15-2007 90054 043 ***150.00 DESTIN EMBROIDERY COMPANY, INC. Principal Place of Business Mailing Address 225 TALQUIN CV DESTIN FL 32541-4757 225 TALQUIN CV **DESTIN FL 32541-4757** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For # 1967301 Not Applicable Zio Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EARNEST, TERRY L Street Address (P.O. Box Number is Not Acceptable) 225 TALQUIN CV **DESTIN FL 32541-4757** 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 agen (NOTE: Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. PTD HIII. ☐ Addition Mu Delete EARNEST, TERRY L NAME 225 TALQUIN CV STREET ADDRESS STREET ADDRESS DESTIN FL 32541-4757 CHY-ST ZIP CITY-ST-ZIP VSD 900 ☐ Delete THIE ☐ Change ■ Addition EARNEST, BECKY L NAMI 225 TALQUIN CV STREET ADORESS STREET ADDRESS **DESTIN FL 32541-4757** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TOTAL NAMI STREET ADDRESS STREET ADORESS CITY ST-719 CITY ST-ZIP THE ☐ Change Addition 10101☐ Delete NAMI NAME STREET ADDRESS STREET ADDRESS CHY SI-ZIP CHY SI 7IP ☐ Addition HITE Delete STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHY ST-ZIP ■ Addition HHE ☐ Defete THE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY+S1-7/P CHY ST ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

FILED