

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

3 Apr 22, 2008 8:00 am  
Secretary of State

03-31-2008 90036 006 \*\*\*150.00

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # P07000020908</b><br>1. Entity Name<br><b>DESTINY TRIM &amp; REMODELING, INC.</b>   |   |   |  |  |  |
| Principal Place of Business<br><b>445 GULF SHORE DRIVE<br/>#205<br/>DESTIN, FL 32541</b>   |   |   | Mailing Address<br><b>445 GULF SHORE DRIVE<br/>#205<br/>DESTIN, FL 32541</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                       |  | <b>66007602</b><br>                                    |  |
| 4. FEI Number<br><b>770669591</b>  |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |   |   |  | 01072008    Chg-P    CR2E034 (12/06)                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MOHUNDRO, NATHAN<br/>445 GULF SHORE DRIVE<br/>#205<br/>DESTIN, FL 32541</b>  |   |   | 7. Name and Address of New Registered Agent<br><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 reinstating)      DATE _____   |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |  |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PRES<br>MOHUNDRO, NATHAN<br>445 GULF SHORE DRIVE #205<br>DESTIN, FL 32541 | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VP<br>MOHUNDRO, NATHAN<br>445 GULF SHORE DRIVE #205<br>DESTIN, FL 32541   | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SEC<br>COX, PATTI<br>445 GULF SHORE DRIVE #205<br>DESTIN, FL 32541        | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TREA<br>MOHUNDRO, NATHAN<br>445 GULF SHORE DRIVE #205<br>DESTIN, FL 32541 | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete   |  |  |  |
| 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: <i>Nathan Mohundro</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  |
| Date _____   |   |   | Daytime Phone # _____  |  |  |