


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # P92000012192 1. Entity Name DESTIN FISHING FLEET, INC.	
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Principal Place of Business 210F HARBOR BLVD. DESTIN, FL 32541 US	Mailing Address 210F HARBOR BLVD. DESTIN, FL 32541 US
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3157635	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CHESSER, D M
1201 EGLIN PARKWAY
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000905262
05/01/08-80045-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WINDES JR., CHARLES K. 210A HARBOR BLVD DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT HAEUSLER, STEVE 339 STAHLMAN AVE. DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PETERSON, DALE E 321 HWY. 98 EAST DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, THOMAS L PO BOX 803 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOOL, WAYNE PO BOX 2547 SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEEBE, DALE PO BOX 824 DESTIN, FL 32540

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-08 850 837-2211