

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000012192

Entity Name: DESTIN FISHING FLEET, INC.

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

210F HARBOR BLVD.
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

210F HARBOR BLVD.
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 59-3157635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESSER, D M
1201 EGLIN PARKWAY
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WINDES JR., CHARLES K.
Address: 210A HARBOR BLVD
City-St-Zip: DESTIN, FL 32541

Title: DVT () Delete
Name: HAEUSLER, STEVE
Address: 339 STAHLMAN AVE.
City-St-Zip: DESTIN, FL 32541

Title: DS () Delete
Name: PETERSON, DALE E
Address: 321 HWY. 98 EAST
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: CARTER, THOMAS L
Address: PO BOX 803
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: MCCOOL, WAYNE
Address: PO BOX 2547
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: BEEBE, DALE
Address: PO BOX 624
City-St-Zip: DESTIN, FL 32540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: HAEUSLER, STEVE
Address: 339 STAHLMAN AVE.
City-St-Zip: DESTIN, FL 32541

Title: DT (X) Change () Addition
Name: PETERSON, DALE E
Address: 321 HWY. 98 EAST
City-St-Zip: DESTIN, FL 32541

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: WINDES, MARY ANNE
Address: PO BOX 632
City-St-Zip: DESTIN, FL 32540

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANNE WINDES

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04/10/2009

Electronic Signature of Signing Officer or Director

Date