


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90007 002 ***150.00

DOCUMENT # P93000021734 1. Entity Name DESTINY PROPERTIES AND DEVELOPMENT, INC.					
Principal Place of Business 1101 N LAKE DESTINY RD SUITE 475 MAITLAND, FL 32751			Mailing Address 1101 N LAKE DESTINY RD SUITE 475 MAITLAND, FL 32751		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02202006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-3176505				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 BLACK, RONALD W 1101 N LAKE DESTINY RD SUITE 475 MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> X DELETE HERESH SAM M 1101 N LAKE DESTINY RD SUITE 475 MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> P CHANGE <input type="checkbox"/> ADDITION Mitri M. Hiresh 1101 N Lake Destiny Rd, Suite 475 Maitland, FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> X DELETE HIRESH CARLA M 1101 N LAKE DESTINY RD SUITE 475 MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> V CHANGE <input type="checkbox"/> ADDITION Michelle Hiresh 1101 N. Lake Destiny Road, Suite 475 Maitland, FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> V DELETE BLACK, RONALD W 1101 N LAKE DESTINY RD STE 425 MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	
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: Ronald W. Black <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-22-06 (407) 682 7700 <small>Date Daytime Phone #</small>		