

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000036449

1. Entity Name

SHORE ADVENTURES OF DESTIN, INC.



Principal Place of Business

506 HWY 98
DESTIN, FL 32541

Mailing Address

506 HWY 98
DESTIN, FL 32541



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3187623

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ABBOTT, WILLIAM W JR
506 HWY 98
DESTIN, FL 32541

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ABBOTT, WILLIAM W JR
STREET ADDRESS	506 HWY 98
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D
NAME	MCKAREM, SAMUEL
STREET ADDRESS	506 HWY 98
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D
NAME	KNIGHT, STEPHEN
STREET ADDRESS	506 HWY 98
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000530314
05/05/06-80109-023 150.00

**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

WILLIAM W ABBOTT JR

4-19-06

Date

654-4437

Daytime Phone #