


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90028 038 ***150.00

DOCUMENT # P93000047715	
1. Entity Name DESTIN JEWELERS, INC.	

Principal Place of Business 14091-B EMERALD COAST PARKWAY DESTIN, FL 32541	Mailing Address 14091-B EMERALD COAST PARKWAY DESTIN, FL 32541
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2. Principal Place of Business - No P.O. Box # 50 S. HOLIDAY ROAD Suite, Apt. #, etc. SUITE 700 City & State MIRAMAR BEACH FL Zip 32550 Country WALTON	3. Mailing Address 50 S HOLIDAY ROAD Suite, Apt. #, etc. SUITE 700 City & State MIRAMAR BEACH FL Zip 32550 Country WALTON
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40016287



01312008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3191492	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 PETERS, LISA C 14091-B EMERALD COAST PARKWAY DESTIN, FL 32541	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 50 S HOLIDAY ROAD SUITE 700 City MIRAMAR BEACH FL Zip Code 32550
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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 registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P3 PETERS, LISA C 603 WALTON WAY DESTIN, FL 32550 <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
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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: *Lisa C. Peters* **2-1-08** **(850) 837-8822**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #