3/19/2008-90018-010-$150.00-$150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 18, 2008 8:00 A.M.
Secretary of State

DOCUMENT # P93000088552

1. Entity Name
SANDS OF DESTIN, INC.

Principal Place of Business	Mailing Address
31 NEBEAL PKWY FORT WALTON BEACH, FL 32548 US	P.O. BOX 778 SHALIMAR, FL 32579 US

02142008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59-3224453 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLARY, CHARLES W
~~2 OLD FERRY RD~~ ~~[illegible]~~ 19 Old Ferry Rd.
SHALIMAR, FL 32579

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 19 Old Ferry Rd.
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 ______________________
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLARY, CHARLES W ~~3 OLD FERRY RD~~ 19 Old Ferry Rd. SHALIMAR, FL ~~32579~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	19 Old Ferry Rd. 32579	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Secty-Treasurer CLARY, CAROLYN L. ~~PO Box 778~~ 19 Old Ferry Rd. SHALIMAR, FL 32579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sectary-Treasurer Clary, Carolyn L 19 Old Ferry Rd. Shalimar, FL 32579	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9/16/08 PM	☐ Change ☐ 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: Carolyn L Clary 03/14/2008 850-837-9550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #