## 2006 FOR PROFIT CORPORATION

## ANNUAL REPORT **DOCUMENT # P94000029625**

changed, or on an attachment with an address,

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



**FILED** 

Apr 17, 2006 8:00 am Secretary of State

(850) 863-4064

04-17-2006 90408 044 \*\*\*150.00 PANHANDLE PROPERTIES OF DESTIN, INC. Principal Place of Business Mailing Address 50012631 25 WALTER MARTIN ROAD NE 25 WALTER MARTIN ROAD NE FT. WALTON BEACH, FL 32548 US FT. WALTON BEACH, FL 32548 1JS 2. Principal Place of Business 3. Mailing Address 909 Mar Walt Drive 909 Mar Walt Drive Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 03082006 CR2E034 (11/05) Suite-1014 :Suite:1014 City & State Ft. Walton Beach Applied For City & State Ft. Walton Beach 4. FEI Number 59-3236130 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 32547 32547 0kaloosa 0kaloosa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Richard P. Petermann PETERMANN, RICHARD P O. Box Number is Not Acceptable) Mar Walt Dr., Suite 1014 Street Address (F 25 WALTER MARTIN ROAD NE FT. WALTON BEACH, FL 32548 City Zip Code 32547 Ft. Walton Beach 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE XIX Change ☐ Addition PETERMANN, RICHARD P Petermann, Richard P. NAME NAME 25 WALTER MARTIN ROAD NE STREET ADORESS STREET ADDRESS 909 Mar Walt Drive, Suite 1014 FT. WALTON BEACH, FL CITY-ST-7IP CITY-ST-ZIP Ft. Walton Beach, FL 32547 TITLE ☐ Delete ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete ■ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change . Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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