

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000038722

FILED
Apr 30, 2007
Secretary of State

Entity Name: DESTIN BEACH SERVICE, INC.

Current Principal Place of Business:

1594 HIGHWAY 393 NORTH
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

1594 HIGHWAY 393 NORTH
SANTA ROSA BEACH, FL 32459

New Mailing Address:

5028 BURKE TRAIL
NOLENSVILLE, TN 37135

FEI Number: 59-3331994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGAN, GRETCHEN D
1594 HIGHWAY 393 NORTH
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: GERRICK, NATALIE
Address: 1108 JOY DRIVE
City-St-Zip: SLIDELL, LA 70461

Title: S () Delete
Name: HAGAN, GRETCHEN
Address: P.O. BOX 307
City-St-Zip: DESTIN, FL 32540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HAGAN, GRETCHEN
Address: 5028 BURKE TRAIL
City-St-Zip: NOLENSVILLE, TN 37135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRETCHEN D HAGAN

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date