2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000064322

FILED
Apr 06, 2009
Secretary of State

Entity Name: DESTIN INTERIORS, INC.

Current Principal Place of Business:

9036 E RIVER DR
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

9036 E RIVER DR
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 59-3331585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMASON, GENE
9036 E RIVER DR
NAVARRE, FL 32566 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: PSTD ( ) Delete
Name: THOMASON, GENE
Address: 9036 E. RIVER DRIVE
City-St-Zip: NAVARRE, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: THOMASON, GENE
Address: 9036 E. RIVER DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: PSTD ( ) Change (X) Addition
Name: THOMASON, GENE
Address: 9036 EAST RIVER DR.
City-St-Zip: NAVARRE, FL 32566

Title: PSTD ( ) Change (X) Addition
Name: THOMASON, GENE
Address: 9036 EAST RIVER DR.
City-St-Zip: NAVARRE, FL 32566

Title: PSTD ( ) Change (X) Addition
Name: THOMASON, GENE
Address: 9036 EAST RIVER DR.
City-St-Zip: NAVARRE, FL 32566

Title: PSTD ( ) Change (X) Addition
Name: THOMASON, GENE
Address: 9036 EAST RIVER DR.
City-St-Zip: NAVARRE, FL 32566

Title: PSTD ( ) Change (X) Addition
Name: THOMASON, GENE
Address: 9036 EAST RIVER DR.
City-St-Zip: NAVARRE, FL 32566

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: GENE THOMASON PSTD 04/06/2009

Electronic Signature of Signing Officer or Director Date