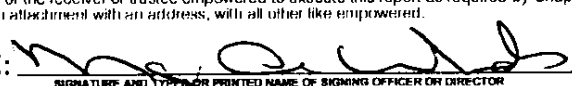


FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90138 013 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000003119					
1. Entity Name PROFESSIONAL ENTERPRISES OF DESTIN, INC.					
Principal Place of Business 210A HARBOR BLVD DESTIN, FL 32541 US		Mailing Address P.O. BOX 5533 DESTIN, FL 32540			
2. Principal Place of Business 210A Harbor Blvd		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3353715	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINDES, MARY ANNE 210A HARBOR BLVD DESTIN, FL 32541				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable) 210A Harbor Blvd	
				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 WINDES, CHARLES K JR 210A HARBOR BLVD DESTIN, FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Windes, Charles, K., Jr. 210A Harbor Blvd Destin, FL 32541	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS WINDES, MARY ANNE 210A HARBOR BLVD DESTIN, FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS Windes, Mary Anne 210A Harbor Blvd Destin, FL 32541	☒ 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
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
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: 			Mary Anne Windes April 3, 2006 850-837-2211		