


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P96000092216 1. Entity Name DDI OF DESTIN, INC. |  |
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|---|--|
| Principal Place of Business 150 INDUSTRIAL PARK RD #5 DESTIN, FL 32541 | Mailing Address P.O. BOX 5018 DESTIN, FL 32540 |
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04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3415330

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, C. WHITNEY
150 INDUSTRIAL PARK RD. #5
DESTIN, FL 32540

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000502251
04/25/06-80098-002 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DUNN, WILLIAM B JR 150 INDUSTRIAL PARK RD #5 DESTIN, FL 32541 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DAVIS, C W 150 INDUSTRIAL PARK RD #5 DESTIN, FL 32541 |
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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/9/06 (850) 654 7152 Daytime Phone #