

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000011933

Entity Name: DESTIN INSURANCE AGENCY, INC.

FILED
Mar 05, 2007
Secretary of State

Current Principal Place of Business:

32 COUNTRY CLUB DR E.
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5769
DESTIN, FL 325415769

New Mailing Address:

32 COUNTRY CLUB DR. E
DESTIN, FL 325415769

FEI Number: 59-3459463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, VICKI L
32 COUNTRY CLUB DRIVE E
DESTIN, FL 32541 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: PD () Delete
Name: DIXON, VICKI L
Address: 32 COUNTRY CLUB DRIVE E
City-St-Zip: DESTIN, FL 32541

Title: VP () Delete
Name: FULLER, GARRETT N
Address: 174 BONAIRE BLVD
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASE, VICKI L
Address: 32 COUNTRY CLUB DRIVE E
City-St-Zip: DESTIN, FL 32541

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

I hereby certify that the information supplied with this filing does not qualify for the 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: VICKI L. CASE

PRES

03/05/2007

Electronic Signature of Signing Officer or Director

Date