FILED
Mar 28, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000027330

1. Entity Name
DESTIN COLLISION, INC.

Principal Place of Business
338 MOUNTAIN DRIVE
DESTIN, FL 32541

Mailing Address
338 MOUNTAIN DRIVE
DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

01272006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3447655
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VAN ATTA, STEVE L
338 MOUNTAIN DRIVE
DESTIN, FL 32541

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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 resigning) 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

TITLE	P
NAME	VAN ATTA, STEVE L
STREET ADDRESS	338 MOUNTAIN DR
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	S
NAME	VAN ATTA, SUSAN
STREET ADDRESS	377 MOUNTAIN DR
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	T
NAME	SYBERT, TERESA
STREET ADDRESS	388 MOUNTAIN DR
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florid[redacted] 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 m[redacted] 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 [redacted] appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steve Van Atta Pres 3/15/06 850-654-5827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #