


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 27 PM 3:39

DOCUMENT # P98000004274 1. Entity Name DESTIN RETAIL, INC.	
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Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	Mailing Address P.O. BOX 41847 ST. PETERSBURG, FL 33743-1847
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DO NOT WRITE IN THIS SPACE



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3487620	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  SHER, CRAIG 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707
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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 \_\_\_\_\_ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS FILIPPELLI, JOSEPH A 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SEMBLER, BRENT W 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SEMBLER, GREGORY S 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FUQUA, JEFFREY S 1450 S. JOHNSON FERRY ROAD, STE. 100 ATLANTA, GA 30319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP THOMAS, ALAN M 5858 CENTRAL AVENUE SAINT PETERSBURG, FL 33707

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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, 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: Craig Sher 4-10-06 727-384-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #