

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000004274

1. Entity Name
DESTIN RETAIL, INC.



FILED
07 APR 27 AM 10:38

Principal Place of Business
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

Mailing Address
P.O. BOX 41847
ST. PETERSBURG, FL 33743-1847

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

03232007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3487620

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

SHER, CRAIG
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME	DPTS FILIPPELLI, JOSEPH A	<input type="checkbox"/> Delete
STREET ADDRESS	5858 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE NAME	VD SEMBLER, BRENT W	<input type="checkbox"/> Delete
STREET ADDRESS	5858 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE NAME	VD SEMBLER, GREGORY S	<input type="checkbox"/> Delete
STREET ADDRESS	5858 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE NAME	VD SHER, CRAIG H	<input type="checkbox"/> Delete
STREET ADDRESS	5858 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE NAME	VD FUQUA, JEFFREY S	<input type="checkbox"/> Delete
STREET ADDRESS	1450 S. JOHNSON FERRY ROAD, STE. 100	
CITY-ST-ZIP	ATLANTA, GA 30319	
TITLE NAME	VP THOMAS, ALAN M	<input type="checkbox"/> Delete
STREET ADDRESS	5858 CENTRAL AVENUE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	5 WHEELER, RONALD P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5858 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE NAME	VD MELVIN F. SEMBLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5858 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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

CRAIG H. SHER

4-24-07

Date

727-384-6000

Daytime Phone #