



2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000004274						<p>FILED</p> <p>08 APR 30 AM 8:38</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
1. Entity Name DESTIN RETAIL, INC.				Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707			
Mailing Address P.O. BOX 41847 ST. PETERSBURG, FL 33743-1847							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		02282008		Chg-P	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CR2E034 (12/06)			
City & State		City & State		4. FEI Number 59-3487620		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SHER, CRAIG 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707				Name SEMBLER, GREGORY S. Street Address (P.O. Box Number is Not Acceptable) 5858 CENTRAL AVENUE City ST. PETERSBURG FL Zip Code 33707			
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				PRESIDENT <small>(NOTE: Registered Agent signature required when reinstating)</small>		4/23/08 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS FILIPPELLI, JOSEPH A 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Filippelli, Joseph A. 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEMBLER, BRENT W 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SEMBLER, MELVIN F. 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEMBLER, GREGORY S 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS SEMBLER, GREGORY S. 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FUQUA, JEFFREY S 1450 S. JOHNSON FERRY ROAD, STE. 100 ATLANTA, GA 30319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHEELER, RONALD P 5858 CENTRAL AVENUE SAINT PETERSBURG, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHEELER, RONALD P. 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Vice President <small>Date</small>			
RONALD P. WHEELER				4/24/08 727-384-6000 <small>Daytime Phone #</small>			