

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 30, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P98000043612**

**1. Entity Name  
B.A.M. OF DESTIN, INC.**



**Principal Place of Business  
116 E. HIGHWAY 98  
DESTIN, FL 32541**

**Mailing Address  
P.O. BOX 1715  
DESTIN, FL 32540**



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
59-3514149**

**Applied For  
Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**FLEET, H B  
FLEET, SPENCER, MARTIN & KILPATRICK, PA  
1104 EGLIN PARKWAY  
SHALIMAR, FL 32579-0000**

**DO NOT WRITE  
IN THIS SPACE**

**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, 2005 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution. ☐**

**\$5.00 May Be  
Added to Fees**

U000000345660

04/30/05-80045-025 150.00

**10. OFFICERS AND DIRECTORS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**D  
LAIRD, ALAN  
P.O. BOX 1715  
DESTIN, FL 32540**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
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CITY-ST-ZIP**

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**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

*Hubert A Laird*

*4/25/05*

*850 8376157*

Date

Daytime Phone #