

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000028076

1. Entity Name
DESTINATION, INC.



Principal Place of Business
**3512 7TH AVENUE SOUTH
BIRMINGHAM, AL 35222**

Mailing Address
**3512 7TH AVENUE SOUTH
BIRMINGHAM, AL 35222**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3575974

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HALL, STEVEN
38468 EMERALD COAST PKWY
SUITE 2101
DESTIN, FL 32541**

**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 resigning) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**1100000422817
02/17/06-80032-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EVINS, LUKE
STREET ADDRESS	3512 7TH AVE
CITY-ST-ZIP	BIRMINGHAM, AL 35222
TITLE	VP
NAME	MCCRORY, JOHN
STREET ADDRESS	3512 7TH AVE
CITY-ST-ZIP	BIRMINGHAM, AL 35222
TITLE	T
NAME	LEBO, STEVE
STREET ADDRESS	3512 7TH AVE S.
CITY-ST-ZIP	BIRMINGHAM, AL 35222
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone