

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000103651

1. Entity Name
INSURANCE ASSOCIATES OF DESTIN, INC.



Principal Place of Business
127 MIRACLE STRIP PKWY
STE N7
FORT WALTON BEACH, FL 32548

Mailing Address
127 MIRACLE STRIP PKWY
STE N7
FORT WALTON BEACH, FL 32548

**FILED
May 05, 2006 08:00 AM
Secretary of State**



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3613736	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MEAD, MICHAEL W PA
24 WALTER MARTIN RD
STE 3
FORT WALTON BEACH, FL 32548

**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, 2006 Fee will be \$550.00**

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

10.

OFFICERS AND DIRECTORS

TITLE SVP
NAME BROOKS, JANICE F
STREET ADDRESS 127 MIRACLE STRIP PKWY N7
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

U000000593774
05/20/06-80028-002 158.75

TITLE P
NAME BROOKS, MARION E
STREET ADDRESS 127 MIRACLE STRIP PKWY N7
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE VP
NAME MICKLE, DC
STREET ADDRESS 127 MIRACLE STRIP PKWY, N-7
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *SC Mickle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #