

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

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



01162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3613736

Applied For  
Not Applicable

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

**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, 2008 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-STATE-ZIP	FORT WALTON BEACH, FL 32548
TITLE	P
NAME	BROOKS, MARION E
STREET ADDRESS	127 MIRACLE STRIP PKWY N7
CITY-STATE-ZIP	FORT WALTON BEACH, FL 32548
TITLE	VP
NAME	MICKLE, DC
STREET ADDRESS	127 MIRACLE STRIP PKWY, N-7
CITY-STATE-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000867233  
04/08/08-80061-013 158.75

**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 #

2/4/08

(850) 243-5604