

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000103651

FILED
Apr 30, 2012
Secretary of State

Entity Name: INSURANCE ASSOCIATES OF DESTIN, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3613736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
STE 202
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO
Name: MICKLE, D.C.
Address: 127 MIRACLE STRIP PKWY N7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D
Name: MEYER, SUSAN W
Address: 127 MIRACLE STRIP PKWY N7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D
Name: FUZZELL, CHERIE
Address: 127 MIRACLE STRIP PARKWAY N7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D
Name: MEYER, JOE
Address: 127 MIRACLE STRIP PARKWAY N7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D
Name: MILLER, RICK
Address: 127 MIRACLE STRIP PARKWAY N7
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DC MICKLE

PCEO

04/30/2012

Electronic Signature of Signing Officer or Director

Date