

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90168 046 ***150.00

DOCUMENT # S57490

1. Entity Name

DESTIN TROPHY, INC.



Principal Place of Business

114 PALMETTO
#1
DESTIN FL 32541
US

Mailing Address

PO BOX 5505
DESTIN FL 32540
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3069658

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, BOB J
521 THIRD AVENUE
DESTIN FL 32541

Name Bob J. Thompson

Street Address (P.O. Box Number is Not Acceptable)

19 Holley-King Road

City DeFuniak Springs

FL

Zip Code 32433

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

Bob J. Thompson

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMPSON, BOB J	
STREET ADDRESS	521 THIRD AVE	
CITY-ST-ZIP	DESTIN FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MEMORY, COURTNEY	
STREET ADDRESS	4057 BURNING TREE DR	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	ST	<input type="checkbox"/> Delete
NAME	THOMPSON, ANNETTE	
STREET ADDRESS	521 THIRD AVE	
CITY-ST-ZIP	DESTIN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thompson, Bob J	
STREET ADDRESS	19 Holley-King Road	
CITY-ST-ZIP	DeFuniak Springs, FL. 32433	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thompson, Annette	
STREET ADDRESS	19 Holley-King Road	
CITY-ST-ZIP	DeFuniak Springs, FL. 32433	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19 Holley-King Road	
STREET ADDRESS	DeFuniak Springs, FL. 32433	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Bob J. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 22, 2007

Date

850-837-0867

Daytime Phone #