2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 07, 2008 8:00 am Secretary of State DOCUMENT # S57490 1. Entity Name DESTIN TROPHY, INC. Principal Place of Business Mailing Address PO BOX 5505 DESTIN FL 32540 114 PALMETTO DESTIN FL 32541 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3069658 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Thompson THOMPSON, BOB J Street Address (P.O. Box Number is Not Acceptable) 19 HOLLEY-KING ROAD DEFUNIAK SPRINGS FL 32433 Third Zip Code 32541 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. Bob J. Thompson, Arasidant e of registered apent and the Tumpicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE 🗆 Delete TITLE ■ Addition NAME THOMPSON, BOB J NAME 19 HOLLEY-KING ROAD STREET ADDRESS STREET ADORESS **DEFUNIAK SPRINGS FL 32433** CITY-ST-ZIP CITY-ST-789 VΡ **C**hange TITLE **Delete** TITLE ☐ Addition THOMPSON, ANNETTE Robert Scot Thompson NAME NAME 1225 Quail Ridge Drive STREET ADDRESS 19 HOLLEY-KING ROAD STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME THOMPSON, ANNETTE STREET ADDRESS STREET ADDRESS 19 HOLLEY-KING ROAD CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 CITY-ST-7IP ☐ Delete TIFLE Addition ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information subclied with this filling 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.

formpan - Bob J. Thompson Prosident

FILED