

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S93317

FILED  
Apr 10, 2006  
Secretary of State

Entity Name: VILLAGE ENTERPRISES OF DESTIN, INC.

## Current Principal Place of Business:

504 NORRIEGO DRIVE  
DESTIN, FL 32541

## New Principal Place of Business:

## Current Mailing Address:

504 NORRIEGO DRIVE  
DESTIN, FL 32541

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAUGHT, BRUCE A ESQ  
36468 EMERALD COAST PKWY, STE 2101  
DESTIN, FL 32541 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BEST, DOUGLAS E  
Address: 287 SPEAR ROAD  
City-St-Zip: PEACHTREE CITY, GA

Title: VP ( ) Delete  
Name: BEST, HELEN OGLE  
Address: 287 SPEAR ROAD  
City-St-Zip: PEACHTREE CITY, GA 30269

Title: T ( ) Delete  
Name: OGLE, OLIVE JAYNE  
Address: 504 NORRIEGO RD  
City-St-Zip: DESTIN, FL 32541

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BEST, DOUGLAS E  
Address: 906 GOTHIC RD  
City-St-Zip: MT. CRESTED BUTTE, CO 81224

Title: VP (X) Change ( ) Addition  
Name: BEST, HELEN OGLE  
Address: 906 GOTHIC RD  
City-St-Zip: MT CRESTED BUTEE, CO 81224

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HELEN J. BEST

VP

04/10/2006

Electronic Signature of Signing Officer or Director

Date