2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V54235

1. Entity Name
DESTIN DINER, INC.



FILED Apr 04, 2007 08:00 All Secretary of State

Principal Place of Business

HIGHWAY 98 EAST DESTIN, FL 32541 US Mailing Address

1217 AIRPORT ROAD SUITE 419

DESTIN, FL 32541 U



DO NOT WRITE IN THIS SPACE

02062007 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 59-3138019
 Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, RUPERT E 1713 GIANT SYCAMORE LANE BAKER, FL 32531

DO NOT WRITE IN THIS SPACE

					THIS STACE
8. The above the obligat	named entity submits this statement for the plions of registered agent.	ourpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little in	f applicable (NOTE Registered A	gent signature	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, RUPERT E P.O BOX 219 ' BAKER, FL 32531				U00000688727
TITLE NAME STREET ADDRESS CITY-ST-ZIP					04/11/07-80006-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·
TITLE					

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 provided in the corporation of the receiver or trustee empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

IGNATIVE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

7/29/17

850-650.520/