

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K06870

**FILED  
Jul 23, 2005  
Secretary of State**

**Entity Name:** DESTIN SEINE BOAT COMPANY

**Current Principal Place of Business:**

9 CALHOUN AVE  
P.O. BOX 958  
DESTIN, FL 32540

**New Principal Place of Business:**

**Current Mailing Address:**

9 CALHOUN AVE  
P.O. BOX 958  
DESTIN, FL 32540

**New Mailing Address:**

**FEI Number:** 59-2869018      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DESTIN, DEWEY E., JR.  
9 CALHOUN AVE  
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: DVS      ( ) Delete  
Name: DESTIN, DEWEY E., JR., .  
Address: 777 SPRING LAKE DR  
City-St-Zip: DESTIN, FL

Title: PD      ( ) Delete  
Name: DESTIN, MURIEL R,  
Address: 9 CALHOUN AVE  
City-St-Zip: DESTIN, FL

Title: DT      ( ) Delete  
Name: PATE, NINA D.  
Address: 725 PLANET DR  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 Section 119.07(3)(i), 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: NINA D PATE

DT

07/23/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date