2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 23, 2004 8:00 am **Secretary of State** DOCUMENT # F80665 03-23-2004 90008 050 ***150.00 **DESTIN TRADING CORPORATION** Principal Place of Business Mailing Address C/O WALTER E. BLESSEY, JR. PO BOX 23212 PO BOX 23212 HARAHAN, LA 70183 US HARAHAN, LA 70183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2204357 Not Applicable Country Zip \$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 Name BLESSEY, WALTER E., JR Street Address (P.O. Box Number is Not Acceptable) **BEACH HIGHLANDS** SANTA ROSA BEACH, FL 32459 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE Change ☐ Addition TITLE BLESSEY, WALTER E., JR NAME NAME STREET ADDRESS **BEACH HIGHLANDS** STREET ADDRESS SANTA ROSA BEACH, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE BLESSEY, WALTER E., JR NAME NAME STREET ADDRESS **BEACH HIGHLANDS** STREET ADDRESS CITY-ST-ZIP SANTA ROSA BEACH, FL CITY-ST-ZIP X Delete TITLE ☐ Change ☐ Addition ELIZABETH, O'HARA NAME NAME 1515 RIVER OAKS RD. E. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HARAHAN, LA 70123 ☐ Delete TITLE ☐ Change ☐ Addition VOSS, PATRICK W NAME NAME 1515 RIVER OAKS RD. E. STREET ADDRESS STREET ADDRESS HARAHAN, LA 70123 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify 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 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 addresse; with all other like empowered.

PATRICK W. VOSS

WICE PRESIDENT 03/10/2004 (50/4)73/4-115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

VICE PRESIDENT

03/10/2004

(504)734-1156

Daytime Phone #

FILED