2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F80665

1. Entity Name
DESTIN TRADING CORPORATION

Principal Place of Business	Mailing Address
C/O WALTER E. BLESSEY, JR. PO BOX 23212 HARAHAN, LA 70183 US	PO BOX 23212 HARAHAN, LA 70183 US

01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2204357
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLESSEY, WALTER E., JR
BEACH HIGHLANDS
SANTA ROSA BEACH, FL 32459

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000274157
03/23/05-80059-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BLESSEY, WALTER E., JR
STREET ADDRESS	BEACH HIGHLANDS
CITY-ST-ZIP	SANTA ROSA BEACH, FL
TITLE	D
NAME	BLESSEY, WALTER E., JR
STREET ADDRESS	BEACH HIGHLANDS
CITY-ST-ZIP	SANTA ROSA BEACH, FL
TITLE	V
NAME	VOSS, PATRICK W
STREET ADDRESS	1515 RIVER OAKS RD. E.
CITY-ST-ZIP	HARAHAN, LA 70123
TITLE	S
NAME	DELIA, KATHLEEN A
STREET ADDRESS	1515 RIVER OAKS RD. E
CITY-ST-ZIP	NEW ORLEANS, LA 70123
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby 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 address, with all other like empowered.

SIGNATURE: Walter E Blessey 1/10/05 850 2673366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #