


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/


FILED
Jun 10, 2004 8:00 am
Secretary of State

04-21-2004 90017 028 ***150.00

DOCUMENT # F95000000763	
1. Entity Name DESTIN MANAGEMENT CORPORATION	

Principal Place of Business 2200 RAY THORINGTON ROAD PIKE ROAD, AL 36064	Mailing Address 2200 RAY THORINGTON ROAD PIKE ROAD, AL 36064
--	--

DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

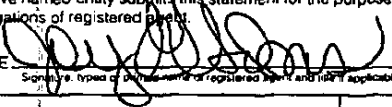
4. FEI Number 63-1134851	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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  (NOTE: Registered Agent signature required when reinstating) DATE _____

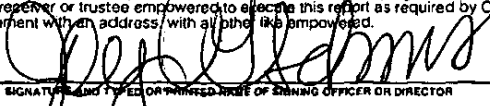
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCS ADAMS, JOY G 2200 RAY THORINGTON ROAD PIKE ROAD, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  DATE _____ DAYTIME PHONE # _____



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 20, 2004

DESTIN MANAGEMENT CORPORATION
PO BOX 640040
PIKE ROAD, AL 36064-0040

SUBJECT: DESTIN MANAGEMENT CORPORATION
Ref. Number: F95000000763

We have received your document for DESTIN MANAGEMENT CORPORATION and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An officer or director must sign the report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Eula Peterson
Document Specialist

Letter Number: 804A00035712

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314