

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90004 008 ***150.00

DOCUMENT # G08358

1. Entity Name
VILLAGE INN OF DESTIN, INC.



Principal Place of Business

215 HIGHWAY 98
DESTIN, FL 32541 US

Mailing Address

215 HIGHWAY 98
DESTIN, FL 32541 US *SHALIMAR*
P.O. Box 753, FL 32579

44004744



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2244404

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BENNETT, RICHARD R.
2 SECOND AVENUE
SHALIMAR, FL 32579

**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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BENNETT, RICHARD R
STREET ADDRESS 2 SECOND AVENUE
CITY-ST-ZIP SHALIMAR, FL

TITLE SD
NAME BENNETT, BETTY J.
STREET ADDRESS 2 SECOND AVENUE
CITY-ST-ZIP SHALIMAR, FL

TITLE S
NAME BENNETT, STEVEN R
STREET ADDRESS 28 PARADISE POINT RD
CITY-ST-ZIP SHALIMAR, FL 32579

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: *Richard R. Bennett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD R. BENNETT
PRESIDENT

Date

1/15/2004

Daytime Phone #

850 651 1653