

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILE 04-23-2004 90268 044 ***150.00
H40134

04 MAY -5 AM 9:40

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TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

DOCUMENT # H40134 1. Entity Name DESTIN BANK					
Principal Place of Business 2000 NINETY-EIGHT DESTIN FL 32541			Mailing Address PO BOX 248 DESTIN FL 32540		
2. Principal Place of Business 2000 NINETY-EIGHT PALMS BLVD		3. Mailing Address Suite, Apt. #, etc.			
City & State DESTIN, FL		City & State		4. FEI Number 59-2473192	
Zip 32541		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Name BURGE, FRANK				Street Address (P.O. Box Number is Not Acceptable) 2000 NINETY-EIGHT PALMS BLVD	
City DESTIN				FL Zip Code 32541	
B. 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: FRANK BURGE 4/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BURGE, FRANK 522 WALTON WAY DESTIN FL 32541	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAY, RONNY 705 GULF SHORE DRIVE, #104 DESTIN FL 32541	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, THELBERT 526 BAYVIEW ST. DESTIN FL 32541	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGGS, STEPHEN C 8 SHADY LANE DR MARY ESTHER FL 32569	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, DEWEY 9563 STATE HWY 83 DEFUNIAK SPRINGS FL 32433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, FREDDY 10 DANBERRY CT NICEVILLE FL 32578	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGAN, KEVIN 1522 MACK BAYOU RD SANTA ROSA BEACH, FL 32549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<div style="text-align: center;"> 4/20/04 </div>					
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: FRANK BURGE 4/20/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment

H40134

11. Cont'd

ADD:

D

ARTHUR, JAMES M. MD
ONE MERCY LANE SUITE 502
HOT SPRINGS, ARKANSAS 71913

D

RIGDON, CHARLES
232 MATTIE'S WAY
DESTIN, FL 32541
