

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90120 046 ***150.00

DOCUMENT # H95598

1. Entity Name
BRW BUILDERS OF DESTIN, INC.



Principal Place of Business
**130 S. GERONIMO ST.
SUITE 5
DESTIN, FL 32550 US**

Mailing Address
**PO BOX 6397
DESTIN, FL 32550 US**



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2662951	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, DAVID
4093 INDIAN BAYOU NORTH
DESTIN, FL 32541**

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WILLIAMS, DAVID W.
STREET ADDRESS	4093 INDIAN BAYOU NORTH
CITY - ST - ZIP	DESTIN, FL 32541
TITLE	DS
NAME	BORGEN, MARK
STREET ADDRESS	525 TAYLOR CIRCLE 825 Juniper Ct.
CITY - ST - ZIP	FT. WALTON BEACH, FL 32547 Destin, FL 32541
TITLE	DV
NAME	SHORES, TIMM R.
STREET ADDRESS	159 CALHOUN AVE.
CITY - ST - ZIP	DESTIN, FL 32541
TITLE	DT
NAME	ZDANIS, MICHAEL
STREET ADDRESS	19 SUGAR COVE ROAD
CITY - ST - ZIP	SANTA ROSA BEACH, FL 32459
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 exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08

Date

Daytime Phone #