


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90441 047 ***150.00

DOCUMENT # P00000016863 1. Entity Name DESTIN'S WELL & PUMP, INC.																											
Principal Place of Business 4269 CAMELLIA CIRCLE, E. JACKSONVILLE, FL 32207		Mailing Address 4269 CAMELLIA CIRCLE, E. JACKSONVILLE, FL 32207																									
2. Principal Place of Business 1171 BEACH BLVD.		3. Mailing Address 1510 Horseshoe Loop																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State JACKSONVILLE, FL		City & State St. George, GA																									
Zip 32250		Zip 31562																									
Country UNITED STATES		Country USA																									
4. FEI Number 59-3625548		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 ADAMS, MICHEALYN C 1139 HAMLET CT. NEPTUNE BEACH, FL 32266		7. Name and Address of New Registered Agent Name AAA BUSINESS + TAX SERVICES LLC Street Address (P.O. Box Number is Not Acceptable) 4070 Herschel St. City Jacksonville FL Zip Code 32210																									
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 <u>Victoria J. Kiely</u> <u>Victoria J. Kiely - Vice President</u> <u>4/25/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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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: <u>Paul A. Destin</u> <u>Paul A. Destin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/25/05</u> <u>904.545.5144</u> <small>Date Daytime Phone #</small>																									