


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # P00000048895 1. Entity Name DESTIN BIKE RENTALS, INC.	
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Principal Place of Business 130 S GERONIMO ST, STE 7 DESTIN, FL 32550	Mailing Address P.O. BOX 6773 DESTIN, FL 32550
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01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3646523	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 MCGILL, ROBERT E III 36008 EMERALD COAST PKWY, STE 301 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 _____ (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

000000108074
04/09/04-80040-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, JONI A 4101 INDIAN BAYOU N DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KING, JOHN A SR 4101 INDIAN BAYOU N DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, DEBRA J 4101 INDIAN BAYOU N DESTIN, FL 32541
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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: Joni King President 4/6/04 (850)837-6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #