2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P00000100007 04-26-2004 90421 029 ***150.00 THE COLDWATER COMPANY OF DESTIN, INC. Mailing Address Principal Place of Business 36468 EMERALD COAST PARKWAY, SUITE 1201 36468 EMERALD COAST PARKWAY, SUITE 1201 DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152004 Chg-P CR2E034 (10/03) 10101 10101 City & State City & State 4. FEI Number Applied For 59-3697404 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GWIN, CURTIS H Street Address (P.O. Box Number is Not Acceptable) 36468 EMERALD COAST PARKWAY, SUITE 1201 DESTIN, FL 32541 Suite 10101 Zip Code Fl 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE . ☐ Delete TITI F Change Addition GWIN, CURTIS H NAME NAME 3104168 Emerald.Coast Pkwy, Suite 10101 STREET ADDRESS 36468 EMERALD COAST PARKWAY, SUITE 1201 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DESTIN, FL 32541 TITLE X Chance Addition ☐ Delete TITLE SHOULTS, H. RAY NAME NAME 36468 Emerald Coast Pkuy, Suite 10101 36468 EMERALD COAST PARKWAY, SUITE 1201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-7IP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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