

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90018 042 ***550.00

DOCUMENT # P01000002077

1. Entity Name

DESTIN ALUMINUM RAILING SERVICES INC



Principal Place of Business

**16580 US HWY 331S
FREEPORT FL 32439**

Mailing Address

**16580 US HWY 331S
FREEPORT FL 32439**

2. Principal Place of Business

16580 US HWY 331S

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5045

Suite, Apt. #, etc.

City & State

Freeport, Florida

Zip
32439

Country

us

City & State

Destin, Florida

Zip
32540

Country

us

4. FEI Number

59-3690815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOLIN, RONDA
16580 US HWY 331S
FREEPORT FL 32439**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**P
BOLIN, TERRY
16580 US HWY 331S
FREEPORT FL 32439**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**V
BOLIN, RHONDA
16580 US HWY 331S
FREEPORT FL 32439**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**D
COOK, MIKE
146 RED BARN ROAD
FREEPORT FL 32439**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Ronda Bolin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-2004

Date

858-835-2355

Daytime Phone #