


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000002077 1. Entity Name DESTIN ALUMINUM RAILING SERVICES INC	
---	---

Principal Place of Business 16580 US HWY 331S FREEPORT, FL 32439	Mailing Address P.O. BOX 5045 DESTIN, FL 32540
--	--

DO NOT WRITE IN THIS SPACE



03052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3690815	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

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

**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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000267980 03/18/05-80022-021 150.00
---	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOLIN, TERRY 16580 US HWY 331S FREEPORT, FL 32439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOLIN, RHONDA 16580 US HWY 331S FREEPORT, FL 32439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, MIKE 146 RED BARN ROAD FREEPORT, FL 32439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 **3/15/05 850-835-2355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #