


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000107914</b>	
1. Entity Name <b>DESTIN TAXI, INC.</b>	

Principal Place of Business <b>75 PISCES DR. SANTA ROSA BEACH, FL 32459</b>	Mailing Address <b>75 PISCES DR. SANTA ROSA BEACH, FL 32459</b>
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03102004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>04-3648616</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**WHITEHEAD, R. SCOTT ESQ  
WEIMORTS & WHITEHEAD, P.A.  
4507 FURLING LN., STE. 209  
DESTIN, FL 32541**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	DATE <b>03/17/04-80026-015 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CHAMBLESS, REX 75 PISCES DRIVE SANTA ROSA BEACH, FL 32459</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CHAMBLESS, DESAREY L 75 PISCES DRIVE SANTA ROSA BEACH, FL 32459</b>
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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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_