

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90015 006 ***150.00

DOCUMENT # P01000108312

1. Entity Name

TAN DESTIN INC.



Principal Place of Business

28 CHOCTAW SHORES CT.
DESTIN FL 32550

Mailing Address

28 CHOCTAW SHORES CT.
DESTIN FL 32550

2. Principal Place of Business

4507 FURLING LN.

Suite, Apt. #, etc.

#112

City & State

DESTIN FL

Zip

32541

Country

OKLAHOMA

3. Mailing Address

4507 FURLING LN

Suite, Apt. #, etc.

#112

City & State

DESTIN, FL.

Zip

32541

Country

OKLAHOMA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3755279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME BIBLE, CLAUDE R
STREET ADDRESS 28 CHOCTAW SHORES CT
CITY-ST-ZIP DESTIN FL 32550-3990

TITLE VPS ☐ Delete
NAME MCCULLOCH, DAVID H
STREET ADDRESS 28 CHOCTAW SHORES CT
CITY-ST-ZIP DESTIN FL 32550-3990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David H. McCulloch DAVID H. MCCULLOCH 2/26/04 (850) 269-1826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #