2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 8:00 am Secretary of State 04-21-2005 90255 049 ***150.00

						Secretary or State					
DOCUMENT # P01000113382 1. Enlity Name J-J PROPERTIES OF DESTIN, INC.							04-21-2005	_			
Principal Plac	e of Business	Mailing Address									
21 EAST GARDEN STREET 21 EAST GARDEN STREET								- En	0 A 1 O	በባ	
SUITE 200 SUITE 200			EI			50041802					
PENSACOLA, FL 32501 SUITE 200 PENSACOLA, FL 32501 PENSACOLA, FL 3250											
PENSACULA,	LL 25301	PENSACULA, FL 3230	ı		į		. BETEL MEN KENN AFIN ASI	DI MARKUMAN EMA	40181 (\$118)		
Principal Place of Business 3. Mailing Address											
							LI ULET 1 31 L E 1913		BBL 10E		
	NA STREET	4 LAGUNA STREET									
Suite, Apt. #, etc. Suite, Apt. #, etc.					ļ	04152005	Chg-P	CR2E03	4 (10/03)		
SUITE DOI SUITE DE											
City & Stat		City & State			- 1	4. FEI Numb	er		Ap	plied For	
FORT 4	ALTON BEACH, FL FORTWALTON BET			2H, FL 59-3760760			0760		No ⁴	t Applicable	
Zip	Country	Zip	Coun	try	-		10: 5	_ \$	8.75 Add	itional	
32548	usa	32548	U	5A		5. Certificate	of Status Desired		ee Required		
3-1-10	6. Name and Address of Current F	Registered Agent		Ī	1	7. Name and	Address of New F	ecistered A	aent		
				Name						- 4	
DELGALLO, STEVEN P											
AL FLOT OLDDEN STORET				Street A	ddress (F	P.O. Box Number is Not Acceptable)					
SUITE 200 4 Laguna St., Ste. 201											
PENSACOLA, FL 32501 Fort Walton Beach, FL 32548											
. 2.10,100											
				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 appécable. (NOTE: Registered Agent signature required when reinstating) DATE											
					_						
FIL	E NOW!!! FEE IS \$150.00	ncing	\$5 .	00 May Be							
After M	ay 1, 2005 Fee will be \$550.0	ribution.		Adde	ed to Fees						
	OFFICERS AND	NULTURE	44			1001710110	iouusoro to orr		DIDEOTOR/		
10.	OFFICERS AND I		11.		I-0	ADDITIONS	CHANGES TO OFF				
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NAME	DEL GALLO, STEVEN P		NAM	E	DEL	eaug,	STEVEN SI	ME 201	1	ļ	
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NAME			KAM	E]						
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NAME		2010AC	NAM								
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							

12. I hereby certify that the information supplied with this fling 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:

STAVEN P. DEL GALLO

(80) 301-0179 Daytime Phone #

Date