


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90172 019 \*\*\*150.00

<b>DOCUMENT # P02000044269</b>	
1. Entity Name <b>DESTIN POOLS INC.</b>	

Principal Place of Business <b>300-C HIGHWAY 98 E. DESTIN FL 32541</b>	Mailing Address <b>300-C HIGHWAY 98 E. DESTIN FL 32541</b>
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2. Principal Place of Business <b>4014 Commons Dr Suite, Apt. #, etc. Unit #104 Destin, FL 32541</b>	3. Mailing Address <b>4014 Commons Dr # Suite, Apt. #, etc. Unit #104 Destin FL 32541</b>
City & State <b>Destin, FL</b>	City & State <b>Destin FL</b>
Zip <b>32541</b>	Country <b>US</b>

1st MOORE CR2E034 (10/04)

4. FEI Number <b>03-0440870</b>	Applied For <input type="checkbox"/> 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 <b>WAITES, JERRY LEE 757 WHIPPOOWILL DESTIN FL 32541</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D WAITES, JERRY LEE 300-C HIGHWAY 98 E. DESTIN FL 32541</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 or other like empowered.

SIGNATURE: Jerry Lee Waites 4-20-05 685-3511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #