


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

| | | |
|---|--|---|
| DOCUMENT # P03000128798 1. Entity Name SPECIALTY WOODWORKS OF DESTIN INC. | |  |
| Principal Place of Business 140 B AZALEA DRIVE DESTIN, FL 32541 US | Mailing Address 815 KELLAIRE COURT DESTIN, FL 32541 US | |



01112005 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 20-0375205 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent FANELLA, NICHOLAS R 434 TANGLEWOOD DRIVE FORT WALTON BEACH, FL 32547 | 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 _____
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, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 1000000222869 02/10/05-80021-017 150.00 |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/S MALLETTE, TENSER 815 KELLAIR CT. DESTIN, FL 32541 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MALLETTE, NICHOLAS T 815 KELLAIR CT. DESTIN, FL 32541 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MALLETTE, VIRGINIA L 815 KELLAIR CT. DESTIN, FL 32541 |
| 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)(f), 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

1/12/04
Date

850-650-2060
Daytime Phone #