



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90011 014 ***558.75

DOCUMENT # P04000035296 1. Entity Name R G & T OF DESTIN, INC.					
Principal Place of Business 376 BEN KING ROAD FREEPORT, FL 32439			Mailing Address 376 BEN KING ROAD FREEPORT, FL 32439		
2. Principal Place of Business 1860 Midtown Drive Suite, Apt. #, etc.		3. Mailing Address 1860 Midtown Drive Suite, Apt. #, etc.			
City & State Columbus, GA		City & State Columbus, GA		4. FEI Number 30-0881523	
Zip 3906		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHEYD, JOSEPH M JR. 1221 AORPORT ROAD SUITE 209 DESTIN, FL 32541				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Robert Yarborough</i></u> 8/31/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YARBOROUGH, ROBERT 376 BEN KING ROAD FREEPORT, FL 32439	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert YARBOROUGH 1860 Midtown Drive Columbus, GA 31906
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TINDLE, TIM 376 BEN KING ROAD FREEPORT, FL 32439	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	George Copelan 1860 Midtown Drive Columbus, GA 31906
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COPELAN, GEORGE 376 BEN KING ROAD FREEPORT, FL 32439	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	George Copelan 1860 Midtown Drive Columbus, GA 31906
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Robert Yarborough</i></u> 8/31/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					