

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000035296

1. Entity Name
R G & T OF DESTIN, INC.



Principal Place of Business
1860 MIDTOWN DR
COLUMBUS, GA 31906

Mailing Address
1860 MIDTOWN DR
COLUMBUS, GA 31906



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|-----------------------------------|
| 4. FEI Number 20-0881523 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SCHEYD, JOSEPH M JR.
1221 AORPORT ROAD
SUTIE 209
DESTIN, FL 32541

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000947945
06/02/08 00035 013 150.00

10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD YARBOROUGH, ROBERT 1860 MIDTOWN DR COLUMBUS, GA 31906 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TINDLE, TIM 376 BEN KING ROAD FREEPORT, FL 32439 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD COPELAN, GEORGE 1860 MIDTOWN DR COLUMBUS, GA 31906 |
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #