## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000119495 03-22-2005 90008 023 \*\*\*150.00 DESTIN RAIL & INSTALL INC. Principal Place of Business Mailing Address 66011186 16580 US HIGHWAY 331 SOUTH PO BOX 5045 FREEPORT, FL 32439 DESTIN, FL 32540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E034 (10/03) 03142005 City & State City & State 4. FEI Number Applied For 01966 20-1 Not Applicable Zip Country Ζıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOLIN, RONDA F Street Address (P.O. Boy Number is Not Acceptable) 16580 US HIGHWAY 331 S FREEPORT, FL 32439 City 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 regionerid eyers and the Rappicable. INOTE: Registered Agont signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 -After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 tn. 11. TITLE BILE Delete Change ☐ Addition BOLIN, RONDA F NAME HAME 16580 US HIGHWAY 331S STREET ADDRESS STREET ADDRESS FREEPORT, FL 32439 CHT-ST-DP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition COOK, MICHAEL J HAME HAME 146 RED BARN ROAD STREET ADDRESS STREET ADDRESS FREEPORT, FL 32439 CITY-51-3P CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition INFINGER RANDY NAME HALLE STREET ADDRESS 126 HIDDEN VALLEY COURT STREET ADDRESS DEFUNIAK SPRINGS, FL 32433 CITY-SI-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition HAME IMME STREET ADDRESSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ane ☐ Delete TITLE Change ☐ Addition HALE HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-21P MLE ☐ Delete TITLE ☐ Change ☐ Addition MALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 turnher 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 of 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 × 3/15/05 SIGNATURE:

**FILED** 

Apr 19, 2005 8:00 am Secretary of State