2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 12, 2004 8:00 am Secretary of State **DOCUMENT # P93000054858** 1. Entity Name 02-12-2004 90010 047 ***150 00 DESTIN AUTOMOTIVE SERVICE INC. Principal Place of Business Mailing Address **602 B MOUNTAIN DR** 602 B MOUNTAIN DR DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business 3. Mailino Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062004 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 59-3195966 Not Applicable Zip Country 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 SCHULTZ, FRED Street Address (P.O. Box Number is Not Acceptable) **602 B MOUNTAIN DR** DESTIN, FL 32541 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 privided name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when revisiting) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PVS** ☐ Delete TITLE Ctiange ☐ Addition SCHULTZ: FRED G NAMES NAME STREET ADDRESS 414 EVERGREEN DR STREET ADDRESS CITY-ST-ZP DESTIN, FL. 32541 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete Change TITLE ■ Addition MALAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 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:

FILED