



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P94000048710</b> 1. Entity Name <b>REAL ESTATE PROFESSIONALS OF DESTIN, INC.</b>	
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Principal Place of Business <b>210A HARBOR BLVD DESTIN, FL 32541</b>	Mailing Address <b>PO BOX 5533 DESTIN, FL 32540</b>
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**DO NOT WRITE IN THIS SPACE**

  
04092008 No Chg-P CR2E034 (11/05)  
4. FEI Number  
**59-3256580**  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
**WINDES, MARY ANNE  
210A HARBOR BLVD  
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  **4-15-08** DATE  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000905250 05/01/08-80045-016 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTS WINDES, MARY ANNE 210A HARBOR BLVD DESTIN, FL 32541</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WINDES, CHARLES K JR. 210A HARBOR BLVD DESTIN, FL 32541</b>
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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 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:  **4-15-08 (850) 837-2211**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #