## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Apr 28, 2004 08:00 AM Secretary of State

| DOCUMENT # P95000026  1. Entity Name DECOCRETE OF DESTIN, INC. |  |   |
|--|--|---|
| Principal Place of Business<br>435 S COUNTY RD 393             | Mailing Address<br>435 S COUNTY RD 393 | • |
| SANTA ROSA BEACH, FL 32459                                     | SANTA ROSA BEACH, FL 3245              | 9 |

| Principal Place<br>435 S COUNT<br>SANTA ROSA  | TY RD 393  | Mailing Address<br>435 S COUNTY RD 393<br>SANTA ROSA BEACH, FL 3245 | 9 |      |            |   |
|---|--|---|---|------|------------|---|
| DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent  SHIPES, H K 435 S COUNTY RD 393  |  | 04272004 No Chg-P CR2E034 (10/03)  4. FEI Number                    |   |      |            |   |
|   | DSA BEACH, FL 32459  | _   |   |      | THIS SPACE |   |
| 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 it applicable  (NOTE, Registered Agent signature required when reinstating)  DATE |  |   |   |      |            |   |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.   |  | U00000136298 Cing \$5.00 May Be 04/28/04-80086-017 150.00           |   |      |            |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND DIR<br>D<br>SHIPES, H. KEITH<br>435 S COUNTY RD 393<br>SANTA ROSA BEACH, FL 32459 | ECTORS _  |   |      |            |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |   |      |            |   |
| DTLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |   | DO   | NOT WRITE  | Ē |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |   | IN . | THIS SPACE |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |   |      |            |   |
| TITLE NAME STREET ADDRESS GITY-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:

BIGNATURE AND TYPED OR ER OF DIRECTOR