


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90288 004 ***150.00

DOCUMENT # P96000003119 1. Entity Name PROFESSIONAL ENTERPRISES OF DESTIN, INC.			
Principal Place of Business 210 HWY 98 E DESTIN, FL 32541 US		Mailing Address P.O. BOX 5533 DESTIN, FL 32540	
2. Principal Place of Business 210A Harbor Blvd		3. Mailing Address Suite, Apt. #, etc.	
City & State Destin FL		City & State Destin FL	
Zip 32541		Country USA	
4. FEI Number 59-3353715		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINDES, MARY ANNE 210 HWY 98 EAST DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 210A Harbor Blvd City Destin FL Zip Code 32541	
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 _____ (NOTE: Registered Agent signature Required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINDES, CHARLES K JR 210 HWY 98 EAST DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	210A Harbor Blvd Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS WINDES, MARY ANNE 210 HWY 98 EAST DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	210A Harbor Blvd Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 3-1-05 850-837-2241	

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