

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000025685

1. Entity Name
EL DESTINO, INC. OF JEFFERSON COUNTY



Principal Place of Business
187 EL DESTINO ROAD
MONTICELLO, FL 32344

Mailing Address
187 EL DESTINO ROAD
MONTICELLO, FL 32344



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3368580

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRON, THOMAS A
217 NORTH MONROE STREET
TALLAHASSEE, FL 32301

**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

Signature, typed or printed name of registered agent and title if 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 Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000171484
09/02/04-80003-014 550.00

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	BARRON, THOMAS A
STREET ADDRESS	187 EL DESTINO ROAD
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	PTD
NAME	BARRON, JANE HENDERSON
STREET ADDRESS	187 EL DESTINO ROAD
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS A BARRON

8/3/04/ (850) 671-0658
Date Daytime Phone #