2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)						FILED				
DOCUMENT # P96000064647 1. Entity Name					Feb 11, 2005 08:00 AM Secretary of State					
DESTIN (CONSTRUCTION, INC.					Secre	iary or	Su	acc	
Principal Plac	e of Business	Mailing Address								
4078 INDIAN TRAIL DESTIN FL 32541		4078 INDIAN TRAIL DESTIN FL 32541								
Principal Place of Business										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)						
City & State		City & State	City & State		4. FEI Numb	er 59-3391786			olied For Applicable	
Zip Country		Zip	Zip Country			of Status Desired	FeeR	5 Addi equired		
	6. Name and Address of Currer	it Registered Agent		Name	7. Name and	Address of New Reg	istered Agent		·	
MATTHEWS, DANA C				Street Address (P.O. Box Number is Not Acceptable)						
	HWY 98 EAST STIN FL 32541		<u> </u>	Straet Audress (F.O. Dox Number is Not Acceptable)						
)								<u>-</u> -	
			-	City	·			p Code		
	a named entity submits this statement tions of registered agent.	for the purpose of changing its	registered	office or register	ed agent, or bo	oth, în the State of Florid	ia, I am familia	r with, a	and accept	
SIGNATURE	Signature, typed of printed name of rogistered age	ent and little if applicable (NOTE	Registered Ac	gent signature required	when reinstating)		DATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department				· . · •	9. Election Campaigi Trust Fund Contrib			00 May Be d to Fees	
10.		D DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFICE	RS AND DIRE	CTORS	IN 11	
TITLE	P CARVAY	☐ Delete	TITLE NAME				□ c	hange	Addition Addition	
NAME STREET ADDRESS	WOOD, GARY W 4078 INDIAN TRAIL		STREET	NDDRESS }						
CITY-ST-ZIP	DESTIN FL 32541		CITY ST	ZIP		·				
TITLE	{ 	☐ Delete	I TITLE NAME			//0000 <mark>00224</mark> 7 02/11/05-8001	67 □°	hange To Gen	Addition	
NAME STREET ADDRESS	{			ADDRESS }		05/11/02-6001	2-003 13	U.UU		
CITY-ST-ZIP			CITY-ST	- ZIP		 				
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STREET ADDRESS			STREET #	1						
CITY-ST-ZIP		Delete	CHY-ST	- ZIP	· <u>·</u>	 		banga	Addition	
NAME		I Delete	NAME				0	nango	L_I radicion	
STREET ADDRESS	}		STREET A	1						
TITLE		☐ Delete	TITLE	- 214		<u> </u>		hange	Addition	
NAME		Li Belette	NAME							
STREET ADDRESS CITY-ST-ZIP			STREET A							
TITLE		☐ Delete	TITE	~1			□ c	hange	Addition	
NAME			NAME				_	-	_	
STREET ADDRESS CITY-ST-ZIP			STREET	1						
	certify that the information supplied w	ith this filing does not qualify for		,, 	ction 119.07/3	n(i). Florida Statutes I fu	rther certify tha	at the in	iformation	

I mercury century trial true injudination supplied with this filling coes not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cash, 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 type of Printed Name of Signing Officer or Director | Date | Date | Designe Prone #