

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90056 050 \*\*\*150.00

<b>DOCUMENT # P96000098629</b> 1. Entity Name <b>THE GWIN COMPANY OF DESTIN, INC.</b>					
Principal Place of Business <b>36468 EMERALD COAST PKWY</b> <b>STE <del>4201</del> 10101</b> <b>DESTIN, FL 32541 US</b>				Mailing Address <b>36468 EMERALD COAST PKWY</b> <b>STE <del>4201</del> 10101</b> <b>DESTIN, FL 32541 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <b>Suite 10101</b>		Suite, Apt. #, etc. <b>Suite 10101</b>			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-3498991</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GWIN, CURTIS</b> <b>36468 EMEALD COAST PKWY</b> <b>STE <del>4201</del> 10101</b> <b>DESTIN, FL 32541</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <b>Curtis H. Gwin</b> <span style="margin-left: 100px;"><b>Curtis H. Gwin</b></span> <span style="float: right;"><b>3.15.04</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GWIN, CURTIS H</b>		NAME		
STREET ADDRESS	<b>36468 EMERALD COAST PKWY STE <del>4201</del> 10101</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>DESTIN, FL 32541</b>		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - 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: <b>Curtis H. Gwin</b>			<b>3.15.04</b> <b>850-837-0392</b> <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					