## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT DOCUMENT # P96000098629** THE GWIN COMPANY OF DESTIN, INC.

**FILED** Apr 21, 2008 08:00 A Secretary of State



Principal	Place of	Business

36468 EMERALD COAST PKWY

STE. 10101 DESTIN, FL 32541 US Mailing Address

36468 EMERALD COAST PKWY STE. 10101

DESTIN, FL 32541



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Applied For 4. FEI Number 59-3498991 Not Applicable

5. Certificate of Status Desired

of that my signature shall have the same legal effect as if made under oath; that I am an officer or director support as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

03172008

\$8.75 Additional Fee Required

CR2E034 (11/05)

**GWIN, CURTIS** 

6. Name and Address of Current Registered Agent

36468 EMEALD COAST PKWY STE 10101 DESTIN, FL 32541

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

No Chg-P

the obligat	ions of registered agent.			
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	d Agent signature required when reinstating)	OATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	1. 连四层上 产 2. <del>年</del>	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GWIN, CURTIS H 36468 EMERALD COAST PKWY., ST DESTIN, FL 32541	E. 10101		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				05/08/08-80052-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-21P			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP				
TITLE				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 expowered to effect the sequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like expowered.

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