


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000006461**  
 1. Entity Name  
**DESTIN SEAFOOD CLUB, INC.**



Principal Place of Business      Mailing Address  
**9 CALHOUN AVENUE**      **777 SPRINGLAKE DR**  
**DESTIN, FL 32541**      **DESTIN, FL 32541**

**DO NOT WRITE IN THIS SPACE**



04122004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3493312**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**DESTIN, REBECCA L**  
**777 SPRINGLAKE DR**  
**DESTIN, FL 32541**

**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 \_\_\_\_\_ (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            **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DESTIN, REBECCA 777 SPRINGLAKE DR DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DESTIN, DEWEY 777 SPRINGLAKE DR DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PATE, NINA P.O. BOX 958 DESTIN, FL 32540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/15/04-80023-024 150.00

**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)(b), 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:** *Rebecca L. Destin*      *Rebecca L. Destin*      *4-11-04*      *850 837-9663*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #