

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90759 022 ***150.00

DOCUMENT # P99000003535

1. Entity Name
DESTIN BUSINESS FORMS, INC.



Principal Place of Business
307 LAN ROB LN.
DESTIN, FL 32540

Mailing Address
P.O. BOX 86
DESTIN, FL 32540



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3560715

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WOLVERTON, EDDIE D
307 LAN ROB LN.
DESTIN, FL 32540

**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

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME WOLVERTON, EDDIE D
STREET ADDRESS 307 LAN ROB LN.
CITY-ST-ZIP DESTIN, FL 32540

TITLE DVPS
NAME WOLVERTON, CHARLOTTE J
STREET ADDRESS 307 LAN ROB LN.
CITY-ST-ZIP DESTIN, FL 32540

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CITY-ST-ZIP

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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)(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: Ed Wolverson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04 850-654-9154
Date Daytime Phone #