


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90436 016 ***150.00

DOCUMENT # P99000028038	
1. Entity Name GULF DESTINATION ENTERPRISE, INC.	

Principal Place of Business 40001 EMERALD COAST PARKWAY DESTIN, FL 32541	Mailing Address 40001 EMERALD COAST PARKWAY DESTIN, FL 32541
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04302004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3584812		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MATTHEWS, DANA C 607 HIGHWAY 98 EAST DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Matthews Dana C. Street Address (P.O. Box Number is Not Acceptable) 4475 Legendary Drive Box 40 City Destin FL Zip Code 32541

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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ADKINSON, W. MICHAEL 502 GREENWAY COVE NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ADKINSON, WAYNE 29874 U.S. HWY. 331 SOUTH FREEPORT, FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ADKINSON, CHAD 814 C-6 FREEPORT, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Adkinson Chad 90 Spires Lane Unit 9A Santa Rosa Beach FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mick Adkinson Pres 43004 8506547211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GULF DESTINATION ENTERPRISE INC *attachment*

14616035

Florida Deptment of State *P99000028038*

Check Number: 1747

1747

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
Item to be Paid - Description			Check Amount: \$150.00	Discount Taken	Amount Paid
	For UBR				150.00
CHECK DATE	CHECK NO.	PAYEE	DISCOUNTS TAKEN	CHECK AMOUNT	

GULF DESTINATION ENTERPRISE INC
40001 EMERALD COAST PARK WAY
DESTIN, FL 32541
(850) 654-7211

COMMERCE SOUTH BANK
SANTA ROSA BEACH, FREEPORT
GRAYTON BEACH, PANAMA CITY
63-1298-632

1747

Memo: 59-3584812

One Hundred Fifty and 00/100 Dollars

PAY
TO THE
ORDER
OF:

Florida Deptment of State

CHECK NO.

DATE

AMOUNT

Apr 30, 2004

*****\$150.00

GULF DESTINATION ENTERPRISE INC

Florida Deptment of State

Check Number: 1747

1747

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
Item to be Paid - Description			Check Amount: \$150.00	Discount Taken	Amount Paid
	For UBR				150.00
CHECK DATE	CHECK NO.	PAYEE	DISCOUNTS TAKEN	CHECK AMOUNT	