

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028038

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: GULF DESTINATION ENTERPRISE, INC.

**Current Principal Place of Business:**

40001 EMERALD COAST PARKWAY  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

40001 EMERALD COAST PARKWAY  
DESTIN, FL 32541

**New Mailing Address:**

FEI Number: 59-3584812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MATTHEWS, DANA C  
4475 LEGENDARY DRIVE  
BOX 40  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: ADKINSON, W. MICHAEL  
Address: 502 GREENWAY COVE  
City-St-Zip: NICEVILLE, FL 32578

Title: VPT ( ) Delete  
Name: ADKINSON, WAYNE  
Address: 29874 U.S. HWY. 331 SOUTH  
City-St-Zip: FREEPORT, FL 32439

Title: VPS ( ) Delete  
Name: ADKINSON, CHAD  
Address: 90 SPIRES LANE UNIT 9A  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ADKINSON, MIKE  
Address: 502 GREENWAY COVE  
City-St-Zip: NICEVILLE, FL 32578

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: DEVARONA, ENRIQUE J  
Address: 407 EVANS ROAD  
City-St-Zip: NICEVILLE, FL 32578 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE ADKINSON

P

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date