
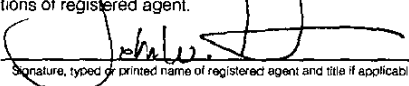
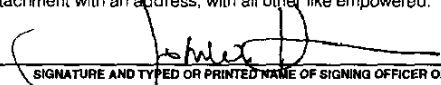


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90011 001 ***150.00

DOCUMENT # P99000039550					
1. Entity Name DESTIN LAND & TITLE, INC.					
Principal Place of Business 607 HIGHWAY 98 EAST, SUITE B DESTIN, FL 32541			Mailing Address 607 HIGHWAY 98 EAST, SUITE B DESTIN, FL 32541		
2. Principal Place of Business 4475 Legendary Drive		3. Mailing Address 4475 Legendary Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Destin, Florida		City & State Destin, Florida		4. FEI Number 59-3582816	
Zip 32541		Country USA		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 HAWKINS, JOHN W ESQ. MATTHEWS & HAWKINS, P.A. 607 HIGHWAY 98 EAST DESTIN, FL 32541			7. Name and Address of New Registered Agent Name John W. Hawkins, Esq Street Address (P.O. Box Number is Not Acceptable) Matthews & Hawkins, P.A. 4475 Legendary Drive 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 			DATE 1/21/04		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, DANA C		NAME		
STREET ADDRESS	10 DRISCOLL DR		STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP		
TITLE	VSTD	<input type="checkbox"/> Delete	TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, JOHN W		NAME	John W. Hawkins	
STREET ADDRESS	57 COUNTRY CLUB DR		STREET ADDRESS	The Townhomes at Crystal Beach No. 2	
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP	3050 SCenic Hwy 98 Destin, Florida 32541-6509	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREYBILL, KAREN		NAME		
STREET ADDRESS	20 HICKORY AVE		STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAEMER, MARY K		NAME		
STREET ADDRESS	145 INDIAN BAYOU DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			JOHN W. HAWKINS 1/21/04 (850) 887-3662		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		