


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000039550**  
 1. Entity Name  
**DESTIN LAND & TITLE, INC.**



Principal Place of Business Mailing Address  
**4475 LEGENDARY DRIVE** **4475 LEGENDARY DRIVE**  
**DESTIN, FL 32541** **DESTIN, FL 32541**

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3582816** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HAWKINS, JOHN W ESQ.**  
**MATTHEWS & HAWKINS, P.A.**  
**4475 LEGENDARY DRIVE**  
**DESTIN, FL 32541**

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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 \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTHEWS, DANA C 10 DRISCOLL DR SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HAWKINS, JOHN W TWHACB2 3050 SCENIE HWY 98 DESTIN, FL 325416509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREYBILL, KAREN 20 HICKORY AVE SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRAEMER, MARY K 145 INDIAN BAYOU DRIVE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

1000002-10402  
 02/24/05-60002-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Day/line Phone # \_\_\_\_\_