

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 09, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P99000039550**

1. Entity Name  
**DESTIN LAND & TITLE, INC.**



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

Mailing Address  
**4475 LEGENDARY DRIVE  
DESTIN, FL 32541**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

000000426032  
02/20/06-80028-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Daytime Phone #