


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90037 028 \*\*\*150.00

<b>DOCUMENT # P99000071824</b>	
1. Entity Name <b>DESTIN LAND INVESTMENTS, INC.</b>	

Principal Place of Business <b>607 HIGHWAY 98 EAST DESTIN, FL 32541</b>	Mailing Address <b>607 HIGHWAY 98 EAST DESTIN, FL 32541</b>
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**94058423**

2. Principal Place of Business <b>4475 Legendary Dr.</b> Suite, Apt. #, etc.	3. Mailing Address <b>4475 Legendary Dr.</b> Suite, Apt. #, etc.
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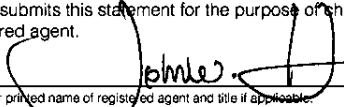
04092004 Chg-P CR2E034 (10/03)

City & State <b>Destin, FL</b>	City & State <b>Destin FL</b>
Zip <b>32541</b>	Zip <b>32541</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3595844</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HAWKINS, JOHN W ESQ. MATTHEWS &amp; HAWKINS, P.A. 607 HIGHWAY 98 EAST DESTIN, FL 32541</b>	7. Name and Address of New Registered Agent Name <b>John W. Hawkins</b> Street Address (P.O. Box Number is Not Acceptable) <b>4475 Legendary Dr.</b> City <b>Destin</b> FL Zip Code <b>32541</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HAWKINS, JOHN W 57 COUNTRY CLUB DR DESTIN, FL 32541 <input checked="" 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	PD MATTHEWS, DANA C 10 DRISCOLL DR. SANTA ROSA BEACH, FL 32459 <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
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.
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SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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