

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90012 049 \*\*\*150.00

**DOCUMENT # S63639**

1. Entity Name

DESTIN ROOFING, INC.



Principal Place of Business

150 INDUSTRIAL PARK  
STE 10  
DESTIN FL 32541

Mailing Address

PO BOX 233  
DESTIN FL 32540

40006033



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

150 Industrial Park #10

3. Mailing Address

P.O. Box 233

Suite, Apt. #, etc.

Destin, FL

Suite, Apt. #, etc.

Destin, FL

City & State

City & State

4. FEI Number

59-3071048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

32541

Country

Zip

32540

Country

OKA/006A

6. Name and Address of Current Registered Agent

~~HABEL BUSINESS SERVICES INC  
EVELYN A HABEL PRESIDENT  
50 CIRCLE DR  
FT. WALTON BEACH FL 32547~~

7. Name and Address of New Registered Agent

Name

Iris J. Bethea

Street Address (P.O. Box Number is Not Acceptable)

1226 Quail Ridge Dr.

Destin, FL 32541

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

*Iris J. Bethea*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME AMMONS, HAROLD A.  
STREET ADDRESS 2425 N. COUNTY ROAD 393  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE ☐ Delete

NAME DST  
STREET ADDRESS BETHEA, IRIS J  
CITY-ST-ZIP 1226 QUAIL RIDGE DRIVE  
DESTIN FL 32541

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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:

*Iris J. Bethea*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Iris J. Bethea

Date

Daytime Phone #

1-20-05 850-837-2645