


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 355478
1. Entity Name
WALTON AUTO PARTS INC



Principal Place of Business: 1290 KENARD ST. NEW SMYRNA BCH, FL 32168
Mailing Address: 1290 KENARD ST. NEW SMYRNA BCH, FL 32168

DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)
4. FEI Number: 59-1321954 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GANSEL, CAROL C
1290 KENARD ST.
NEW SMYRNA BEACH, FL 32168

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 reinstating) DATE: _____

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	PSD
NAME	GANSEL, CAROL C
STREET ADDRESS	1290 KENARD ST.
CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	VD
NAME	JEMJENIAN, CARRIE B
STREET ADDRESS	1290 KENARD ST.
CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	VD
NAME	GANSEL, GEORGE D
STREET ADDRESS	1290 KENARD ST
CITY - ST - ZIP	NEW SMYRNA BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

00000324482
04/22/05-80094-010 150.00

DO NOT WRITE IN THIS SPACE

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: Carol C. Gansel Carol C. Gansel 4-19-05 728-3910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #