

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 355478

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** WALTON AUTO PARTS INC

**Current Principal Place of Business:**

1290 KENARD ST.  
NEW SMYRNA BCH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

621 SOUTH 9TH STREET  
# 101  
LA CROSSE, WI 54601

**New Mailing Address:**

**FEI Number:** 59-1321954

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GANSEL, CAROL C  
1290 KENARD ST.  
NEW SMYRNA BEACH, FL 32168 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: GANSEL, CAROL C  
Address: 621 SOUTH 9TH STREET #101  
City-St-Zip: LACROSSE, WI 54601

Title: VD  
Name: JEMJENIAN, CARRIE B  
Address: 1290 KENARD ST.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD  
Name: GANSEL, GEORGE D  
Address: 1290 KENARD ST  
City-St-Zip: NEW SMYRNA BCH, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROL C GANSEL

PSD

01/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date