


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 500454</b> 1. Entity Name WALTON F. POPPELL, INC.	
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Principal Place of Business 702 W BASE ST PO BOX 649 MADISON, FL 32340	Mailing Address 702 W BASE ST PO BOX 649 MADISON, FL 32340
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**DO NOT WRITE IN THIS SPACE**



07152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1657255	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  POPPELL, WALTON F. RT 2 MADISON, FL 32340	<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POPPELL, WALTON F. RT 2 BOX 6240 MADISON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS POPPELL, LINDA S RT 2 BOX 6240 MADISON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/19/04-90002-0018 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)(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.

<b>SIGNATURE:</b> <u>Linda S. Poppell</u> <u>Linda S. Poppell</u> <u>7-15-04</u> <u>973-2472</u>	<small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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