


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 524997 1. Entity Name GULF WALTON, INC.	
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Principal Place of Business U.S. HIGHWAY 331 & I 10 P O BOX 852 DEFUNIAK SPRGS., FL 32433	Mailing Address U.S. HIGHWAY 331 & I 10 P O BOX 852 DEFUNIAK SPRGS., FL 32433
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06282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1739290	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

RICHARD R. BENNETT
 10 SECOND AVE.
 SHALIMAR, FL 32579

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

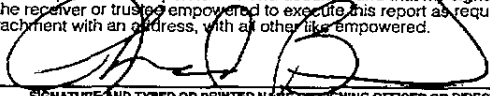
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DYE, DAVID E. FROUTE 1, BOX 107-H FREEPORT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BENNETT, RICHARD R. 10 SECOND AVE. SHALIMAR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BENNETT, BETTY J. 10 SECOND AVE. SHALIMAR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 07/05/05-80003-011 150.00

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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:  6/30/2005 850 585 2880
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #