

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000002041

1. Entity Name

WALTON DEVELOPMENT, INC.



Principal Place of Business

PO BOX 899
DOVER, DE 19903

Mailing Address

4060 BARRANCAS AVE
PENSACOLA, FL 32507



02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2794003

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRISON, CAROL B
4060 BARRANCAS AVE.
PENSACOLA, FL 32507

**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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME YANCEY, J B
STREET ADDRESS 4060 BARRANCAS AVE.
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE SVO
NAME SOUTHERLAND, L B
STREET ADDRESS 4060 BARRANCAS AVE.
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE TVD
NAME HARRISON, CAROL B
STREET ADDRESS 4060 BARRANCAS AVE.
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE
NAME
STREET ADDRESS
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000000439564
03/02/06-80005-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

C. B. Harrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/06
Date

Daytime Phone #