

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90023 006 ***150.00

DOCUMENT # F22027

1. Entity Name
WALTON MOTORCYCLES, INC.



Principal Place of Business

**782 US HWY 90
NELSON AVENUE WEST
DEFUNIAK SPRINGS, FL 32433 US**

Mailing Address

**782 US HWY 90
NELSON AVENUE WEST
DEFUNIAK SPRINGS, FL 32433 US**

50055295



07032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2073204

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, ROBERT E
782 US HWY 90 WEST
DEFUNIAK SPRINGS, FL 32433**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JONES, ROBERT E
782 US HWY 90 WEST
DEFUNIAK SPRINGS, FL 32433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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.

SIGNATURE

Robert E Jones
Robert E Jones

07-04-05

850-892-5011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WALTON MOTORCYCLES, INC.

782 US Hwy 90 West
DeFuniak Springs, FL 32433

850-892-5011

ATTACHMENT

F 22027
50052295

July 4, 2005

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

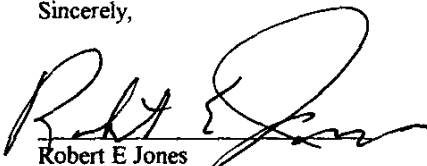
Ref: Request for Waiver of Penalty

To Whom It May Concern,

I am requesting you waive the \$400.00 tax penalty for my Corporation Annual Report. I have had numerous health problems this past year and it never crossed my mind until I received your letter advising you were going to dissolve my corporation. You have always sent me a form in the mail and that served as my reminder to pay my corporate dues. You are no longer sending my form and I do not understand why.

If you are no longer going to send my Annual Report to me I will find another means to serve as a reminder to pay my dues. As for now I request that you please waive this year's penalty fee and I will try to not let this happen again.

Sincerely,


Robert E Jones
Walton Motorcycles, Inc.