

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90393 050 \*\*\*150.00

**DOCUMENT # H71038**

1. Entity Name  
**WALTON ENTERPRISES, INC.**



Principal Place of Business  
**4000B ST JOHNS AVE  
24  
JACKSONVILLE, FL 32205 US**

Mailing Address  
**4000-B ST JOHNS AVE  
24  
JACKSONVILLE, FL 32205 US**



02102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2546465**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WALTON, WILLIAM H., JR.  
4000 B ST JOHNS AVE STE 24  
JACKSONVILLE, FL 32205**

**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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	WALTON, WILLIAM H., JR.
STREET ADDRESS	4000 B ST JOHNS AVE # 24
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	VS
NAME	WALTON, WILLIAM H., III
STREET ADDRESS	4000 B ST JOHNS AVE # 24
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	TD
NAME	WALTON, WILLIAM H., III
STREET ADDRESS	4000 B ST JOHNS AVE # 24
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	VS
NAME	WALTON, ALONZO DEE(ASST)
STREET ADDRESS	4000 B ST JOHNS AVE # 24
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	TD
NAME	WALTON, ALONZO DEE
STREET ADDRESS	4000 B ST JOHNS AVE # 24
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	ST
NAME	JORDAN, M.I. (ASST)
STREET ADDRESS	4000 B ST JOHNS AVE # 24
CITY-ST-ZIP	JACKSONVILLE, FL 32205

**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.

**SIGNATURE:** *W. H. Walton Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

**4/18/05**

Date

**904-388-2225**

Daytime Phone #