2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011284

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Entity Name: WALTON BLAZERS, INC.

FILED Mar 22, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1825 COUNTY HWY 280A DEFUNIAK SPRINGS, FL 32435 **Current Mailing Address: New Mailing Address:** 1825 COUNTY HWY 280A DEFUNIAK SPRINGS, FL 32435 FEI Number: 20-2173814 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVIS, MARK D 694 BALDWIN AVE SUITE 1 DEFUNIAK SPRINGS, FL 32435 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete STEVENSON, CHARLES G III STEVENSON, CHARLES G III Name: Name: 1825 COUNTY HWY 280A Address: 1825 COUNTY HWY 280A Address: City-St-Zip: DEFUNIAK SPRINGS, FL 32435 City-St-Zip: DEFUNIAK SPRINGS, FL 32435 Title: Title: (X) Change () Addition () Delete STEVENSON, JILL E Name: STEVENSON, JILL E Name: Address: 1825 COUNTY HWY 280A Address: 1825 COUNTY HWY 280A City-St-Zip: DEFUNIAK SPRINGS, FL 32435 City-St-Zip: DEFUNIAK SPRINGS, FL 32435 Title: () Delete Title: (X) Change () Addition STEVENSON, DIANE D STEVENSON, DIANE D Name: Name: 1825 COUNTY HWY 280A 23868 5TH AVENUE Address: Address: City-St-Zip: DEFUNIAK SPRINGS, FL 32435 City-St-Zip: FLORALA, AL 36442 Title: () Delete Title: () Change (X) Addition NEWELL, CAY Name: Name: 5649 COUNTRYSIDE DRIVE Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: JILL E. STEVENSON S/T 03/22/2005

() Delete

() Delete

() Change (X) Addition

() Change (X) Addition

HAYES, KYLE

421 PINENEEDLE TRACE

MARGADONNA, JOHN

GUNTERSVILLE, AL 35976

500 LAKE COLONY DRIVE BIRMINGHAM, AL 35242