

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P00000080057

1. Entity Name

WALTON COUNTY CAB CO., INC.



**FILED  
Apr 15, 2005 8:00 am  
Secretary of State**

04-15-2005 90103 027 \*\*\*150.00

Principal Place of Business		Mailing Address	
852 BALDWIN AVE DEFUNIAK SPRINGS FL 32433		852 BALDWIN AVE DEFUNIAK SPRINGS FL 32433	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MENSER, KATHLEEN J 852 BALDWIN AVE DEFUNIAK SPRINGS FL 32433		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

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 Make Check Payable to Florida Department of State	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> Added to Fees	\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<p>TITLE: D NAME: MENSER, KATHLEEN J STREET ADDRESS: 547 ORANGE AVE CITY-ST-ZIP: DEFUNIAK SPRINGS FL 32433</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE: D NAME: MENSER, LONNIE STREET ADDRESS: 547 ORANGE AVE CITY-ST-ZIP: DEFUNIAK SPRINGS FL 32433</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE: D NAME: BRAND, EMMA E STREET ADDRESS: P O BOX 1252 CITY-ST-ZIP: SANTA ROSA BEACH FL 32459</p> <p><i>Resigned</i> <input type="checkbox"/> Delete</p>	<p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY-ST-ZIP: <input type="checkbox"/> Delete</p>	<p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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: *Kathleen J. Menser* KATHLEEN J. MENSER 4-12-05 850-892-5454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #