

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000106980

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** WALTON CREDIT CORPORATION

**Current Principal Place of Business:**

1133 US HWY 90 WEST  
SUITE C  
DE FUNIAK SPGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 669  
DE FUNIAK SPGS, FL 324350669

**New Mailing Address:**

**FEI Number:** 59-3754032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRUNER, SYLVIA  
1133 US HWY 90 WEST  
SUITE C  
DE FUNIAK SPGS, FL 32435 US

**Name and Address of New Registered Agent:**

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:**

Title: DP  
Name: BRUNER, SYLVIA  
Address: PO BOX 669  
City-St-Zip: DE FUNIAK SPGS, FL 324350669

Title: DST  
Name: DEES, LESTER E  
Address: 8440 BLUEBONNET BLVD SUITE A  
City-St-Zip: BATON ROUGE, LA 07810

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LESTER E. DEES

DST

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date