

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90460 035 \*\*\*150.00

<b>DOCUMENT # P02000074676</b> 1. Entity Name <b>ARTISTS OF SOUTH WALTON, INC.</b>					
Principal Place of Business <b>17 TOWN CENTER LOOP GULF PLACE SANTA ROSA BEACH, FL 32459</b>			Mailing Address <b>17 TOWN CENTER LOOP GULF PLACE SANTA ROSA BEACH, FL 32459</b>		
2. Principal Place of Business <b>* 1 Laura Hamilton Blvd</b>		3. Mailing Address <b>* 1 Laura Hamilton Blvd</b>			
Suite, Apt. #, etc. <b>Gulf Place</b>		Suite, Apt. #, etc. <b>Gulf Place</b>			
City & State <b>Santa Rosa Beach FL</b>		City & State <b>Santa Rosa Beach FL</b>			
Zip <b>32459</b>		Country		02042005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>51-0431454</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WARD, DWIGHT 186 SUNSET TRAIL FREEPORT, FL 32439</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARD, DWIGHT 186 SUNSET TRAIL FREEPORT, FL 32439	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D Ernie Shillingburg 293 Stahlman Ave DeFini FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAFFREY, BILLIE 21 BLUE GULF DRIVE SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D Ron Strickland 128 Sun Lane Panama City Beach FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHAVEZ, KRIS 1054 NELLIE DRIVE SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <b>4/28/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					