

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000098881

1. Entity Name
WALTONBAY PROPERTIES INC.



FILED

05 MAR 14 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8125 THOMAS DR
PANAMA CITY BEACH, FL 32408

Mailing Address
8125 THOMAS DR
PANAMA CITY BEACH, FL 32408

2. Principal Place of Business
P.O. Box 1587

3. Mailing Address
P.O. Box 1587

Suite, Apt. #, etc.

City & State
Quincy FL

Zip
32358

Country
USA

03142005 REIN-P CR2E098 (6/04)

4. FEI Number
51-0425324

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
EDWARDS, O.W. III
916 W JEFFERSON ST
QUINCY, FL 32351

7. Name and Address of New Registered Agent
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 \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	EDWARDS, OW III	8125 THOMAS DR PANAMA CITY, FL 32408			
	V	KNIGHT, TED W JR 8101 THOMAS DR PANAMA CITY BEACH, FL 32408			
	TS	BEDENBAUGH, TY 117 GREENWOOD DR Quincy FL 32351			

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: _____
Signature and typed or printed name of signing officer or director

3/14/05 850 544 4369
Date Daytime Phone #