## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000036464

Entity Name: OLD SOUTH WALTON DEVELOPMENT, INC.

**FILED** Apr 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3422 HWY 98 WEST 3422 HWY 98 WEST

UNIT 2 UNIT 7

SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459

**Current Mailing Address: New Mailing Address:** 

3422 HWY 98 WEST 3422 HWY 98 WEST

UNIT 2 UNIT 7 SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459

FEI Number: 05-0558559 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ELEY, JOHN J ELEY, JOHN J

74 TRICK CIRCLE 315 YACHT CLUB DRIVE

SANTA ROSA BEACH, FL 32459 US FORT WALTON BEACH, FL 32548 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: JOHN ELEY 04/30/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete ELEY, JOHN J ELEY, JOHN J Name: Name:

74 TRICK CIRLCE 315 YACHT CLUB DRIVE Address: Address:

City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VD Title: VD (X) Change ( ) Addition () Delete

GAFFREY, PIPER GAFFREY, PIPER Name: Name: 74 TRICK CIRLCE 315 YACHT CLUB DRIVE Address: Address:

SANTA ROSA BEACH, FL 32459 FORT WALTON BEACH, FL 32548 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN ELEY PD 04/30/2007