

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000087239

1. Entity Name  
JEFF WALTON ENTERPRISES, INC.



Principal Place of Business  
2541 24TH AVE N  
ST PETERSBURG, FL 33713

Mailing Address  
2541 24TH AVE N  
ST PETERSBURG, FL 33713

2. Principal Place of Business  
5848 Emerson Ave. S.  
Suite, Apt. #, etc.

3. Mailing Address  
5848 Emerson Ave. S.  
Suite, Apt. #, etc.

City & State  
St. Petersburg FL  
Zip 33707 Country

City & State  
St. Petersburg FL  
Zip 33707 Country

12102004 REIN-P CR2E098 (6/04)

4. FEI Number  
20-0166249

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WALTON, JEFF  
2541 24TH AVE N  
ST PETERSBURG, FL 33713

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
5848 Emerson Avenue South  
City St. Petersburg FL Zip Code 33707

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)

12/20/04

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE P. ☐ Delete  
NAME WALTON, JEFF  
STREET ADDRESS 2541 24TH AVE N  
CITY-ST-ZIP ST PETERSBURG, FL 33713

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 5848 Emerson Ave. S.  
STREET ADDRESS St. Petersburg FL 33707  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Jeff Walton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-20-04 813-391-3077

FILED  
04 DEC 29 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

