

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90019 008 ***150.00

DOCUMENT # P04000087696

1. Entity Name
WALTON ENTERPRISES OF N.W. FLORIDA, INC.



Principal Place of Business
**303 SOUTH AVE.
STE #20
FT. WALTON BEACH, FL 32547 US**

Mailing Address
**303 SOUTH AVE.
STE #20
FT. WALTON BEACH, FL 32547 US**

50056979



07182005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1208045

Applied For
Not Applicable

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**WALTON, STEVE
303 SOUTH AVE.
STE. #20
FT. WALTON BEACH, FL 32547**

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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTON, STEVE		NAME		
STREET ADDRESS	303 SOUTH AVE. STE. #20		STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTON, DANA		NAME		
STREET ADDRESS	303 SOUTH AVE. , STE. #20		STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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, and all other like empowered.

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

July 19, 2005 (850) 582-5822
Date Daytime Phone #

ATTACHMENT
#D04000087692
50056979

July 19, 2005

To whom it may concern,

Request a waiver for the late fee due to the non-recite of primary notice.

This is our first year filing the corporation annual report. We did not receive the primary notice to inform us that this report was required. We recently received a card notifying us that we missed the deadline. Enclosed you will find the report and the \$150.00 filing fee.

Once again, I thank you for your time.

Sincerely,

A handwritten signature in cursive script that reads "Steve Walton". The signature is written in dark ink and is positioned above the printed name.

Steve and Dana Walton