

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087696

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** WALTON ENTERPRISES OF N.W. FLORIDA, INC.

**Current Principal Place of Business:**

1860 SHAYLIN CT  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

1860 SHAYLIN CT  
STE #20  
NICEVILLE, FL 32578 US

**New Mailing Address:**

1860 SHAYLIN CT  
NICEVILLE, FL 32578 US

**FEI Number:** 20-1208045

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALTON, STEVE  
1860 SHAYLIN CT  
NICEVILLE, FL 32578 US

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

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:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P D ( ) Delete  
Name: WALTON, STEVE  
Address: 1860 SHAYLIN CT  
City-St-Zip: NICEVILLE, FL 32578 US

Title: VP (X) Delete  
Name: WALTON, DANA  
Address: 1411 SCOTT STREET  
City-St-Zip: NICEVILLE, FL 32578 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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:** STEVE WALTON

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date