

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90027 036 ***150.00

40100365



07102006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000058712					
1. Entity Name WALTON COUNTY BUILDERS INC					
Principal Place of Business 4401 SOUTHMINISTER CIRCLE NICEVILLE, FL 32578			Mailing Address 4401 SOUTHMINISTER CIRCLE NICEVILLE, FL 32578		
2. Principal Place of Business 204 WOODLAND DR Suite, Apt. #, etc.		3. Mailing Address P.O. Box 6151 Suite, Apt. #, etc.			
City & State SANTA ROSA BEACH Zip 32459		City & State MIRIMAR BEACH Zip FL		4. FEI Number 20-2709240	
Country WALTON		Country WALTON		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEARIN, KENNETH D JR 4401 SOUTHMINISTER CIRCLE NICEVILLE, FL 32578			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 204 WOODLAND DR City SANTA ROSA BEACH FL Zip Code 32459		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		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	P HEARIN, KENNETH D JR 4401 SOUTHMINISTER CIRCLE NICEVILLE, FL 32578 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	204 WOODLAND DR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SANTA ROSA BEACH FL 32459	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIEMERT, ERIC D <input checked="" type="checkbox"/> Delete 4401 SOUTHMINISTER CIRCLE NICEVILLE, FL 32578		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WELTY, ROBERT G <input checked="" type="checkbox"/> Delete 4401 SOUTHMINISTER CIRCLE NICEVILLE, FL 32578		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			Date 07-18-2006 850-699-4181		