


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90034 014 \*\*\*150.00

<b>DOCUMENT # P07000044671</b> 1. Entity Name <b>CAROL WALTON, PSY.D., P.A.</b>			
Principal Place of Business <b>2902 BAY BLVD. N.E.</b> <b>PALM BAY, FL 32905 US</b>		Mailing Address <b>2902 BAY BLVD. N.E.</b> <b>PALM BAY, FL 32905 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1900 S. HARBOR CRY BLVD.</b> <b># 203</b>		3. Mailing Address Suite, Apt. #, etc.  	
City & State <b>MELBOURNE, FL</b>		City & State  	
Zip <b>32901</b>		Country <b>US</b>	
6. Name and Address of Current Registered Agent <b>WALTON, CAROL</b> <b>2902 BAY BLVD. N.E.</b> <b>PALM BAY, FL 32905</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WALTON, CAROL</b> <b>2902 BAY BLVD. N.E.</b> <b>PALM BAY, FL 32905</b> <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	VP <b>WALTON, RAYMOND</b> <b>2902 BAY BLVD. N.E.</b> <b>PALM BAY, FL 32905</b> <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
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.			
<b>SIGNATURE:</b> <i>Carol Walton, Psy.D.</i>		<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>CAROL WALTON, PSY.D.</b>	
Date		Daytime Phone #	



03202008 Chg-P CR2E034 (12/06)

4. FEI Number **59-3208273** Applied For ☐ Not Applicable ☐

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