2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Mar 22, 2005 08:00 AM Secretary of State DOCUMENT # P95000006466 1. Entity Name WALTON LAND COMPANY Principal Place of Business Mailing Address 701 ANCHORS ST. FORT WALTON BEACH FL 32548 701 ANCHORS ST. FORT WALTON BEACH FL 32548 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3295485 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, GEORGE R Street Address (P.O. Box Number is Not Acceptable) 701 ANCHORS ST. FORT WALTON BEACH FL 32548 Zip Code FL 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 explicable (NOTE Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TiTLE ☐ Change Addition NAME SMITH, GEORGE R NAME U00000272581 03/22/05-80011-024 150.00 STREET ADDRESS 701 ANCHORS ST. STREET ADDRESS CITY ST-7IP FORT WALTON BEACH FL 32548 CHY-S1-71P THLE ☐ Delete TITLE Change Addition NAME TYLER, BILLY G NAME STREET ADDRESS 2100 HABERSHAM STREET ADDRESS CITY-ST-ZIP CUMMING GA CHY-ST-ZIP TITLE ☐ Delete EULE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete DDE Change Addition [ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Defete me ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-7iP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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. GEORGE R. SMITH

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

**FILED**