2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 01, 2007 08:00 A Secretary of State DOCUMENT #_P95000006466 1. Entity Namo WALTON LAND COMPANY Principal Place of Business Mailing Address 701 ANCHORS ST. 701 ANCHORS ST. FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32548 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 59-3295485 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, GEORGE R Street Address (P.O. Box Number is Not Acceptable) 701 ANCHORS ST. FORT WALTON BEACH FL 32548 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILL ☐ Delete THILE Change Addition SMITH, GEORGE R NAME NAM 701 ANCHORS ST. STREET ADDRESS STREET ADDRESS FORT WALTON BEACH FL 32548 CHY-ST-ZIP CITY-SI-ZIP FITLE. Delele ☐ Change ☐ Addition THEF TYLER, BILLY G NAME NAM 2100 HABERSHAM STREET ADDRESS STREET ADDRESS **CUMMING GA** CHY-S1-ZIP CHY-St-7IP HILF ☐ Delele ШЕ NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY-S1-7iP DHE ☐ Delete ☐ Change ■ Addition NAM NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CDY-S1-7IP DHE ☐ Change ■ Addition Delete HILE NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY S1-7IP Dille ☐ Change Addition ☐ Delete DIM NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I horoby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _