

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90194 018 \*\*\*150.00

**DOCUMENT # P97000005004**

1. Entity Name  
**EXECUTIVE OFFICE OF FT. WALTON BEACH, INC.**



40079509

Principal Place of Business  
819 PINEDALE  
SUITE 200  
FT. WALTON BEACH, FL 32547

Mailing Address  
P.O. BOX 456  
FT. WALTON BEACH, FL 32549



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
59-3424118

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARSON, LOWELL  
819 PINEDALE ROAD  
FT. WALTON BEACH, FL 32547

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** 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  
LARSON, LOWELL  
819 PINEDALE ROAD  
FORT WALTON BEACH, FL 32547 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
WHITWORTH, LEO A JR.  
819 PINEDALE ROAD  
FORT WALTON BEACH, FL 32547 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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CITY-ST-ZIP  
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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lowell C Larson 4/28/06

Date

Daytime Phone #

(850) 863-3043

40079509

www.sunbiz.org

## Division of Corporations

## 2006 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual  
report form.

This information cannot be changed on the report.	
Document Number	P97000005004
Business Entity Name	EXECUTIVE OFFICE OF FT. WALTON BEACH, INC.
Original File Date	01/13/1997

FEI Number 59-3424118

Principal Address 819 PINEDALE  
SUITE 200  
FT. WALTON BEACH, FL 32547

Mailing Address P.O. BOX 456  
FT. WALTON BEACH, FL 32549

Registered Agent LOWELL LARSON  
819 PINEDALE ROAD  
FT. WALTON BEACH, FL 32547

## Officer/Director Name And Address

P  
LOWELL LARSON  
819 PINEDALE ROAD  
FORT WALTON BEACH, FL 32547

V  
JR. LEO A WHITWORTH  
819 PINEDALE ROAD  
FORT WALTON BEACH, FL 32547

If all of the above  
information is correct and  
you do not wish to make any  
changes, please select:

If you need to make changes  
to the above information,  
please select: