

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005004

FILED
Apr 29, 2009
Secretary of State

Entity Name: EXECUTIVE OFFICE OF FT. WALTON BEACH, INC.

Current Principal Place of Business:

819 PINEDALE
FT. WALTON BEACH, FL 32547

New Principal Place of Business:

819 PINEDALE
FT. WALTON BEACH, FL 32547 US

Current Mailing Address:

819 PINEDALE RD.
FORT WALTON BEACH, FL 32547

New Mailing Address:

819 PINEDALE
FT. WALTON BEACH, FL 32547 US

FEI Number: 59-3424118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: LOWELL C. LARSON, JR.

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LARSON, LOWELL
Address: 819 PINEDALE ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: V () Delete
Name: WHITWORTH, LEO A JR.
Address: 819 PINEDALE ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LARSON, LOWELL C JR.
Address: 819 PINEDALE ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: VP (X) Change () Addition
Name: WHITWORTH, LEO A JR.
Address: 819 PINEDALE ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOWELL C. LARSON, JR.

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date