



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000030343 1. Entity Name WALTON ELECTRIC & AC, INC.		
Principal Place of Business 57 OWENS AVE DEFUNIAK SPRINGS FL 32433		Mailing Address PO BOX 1288 SANTA ROSA BEACH FL 32459
2. Principal Place of Business AS ABOVE	3. Mailing Address AS ABOVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip
Country	4. FEI Number 59-3564106	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable

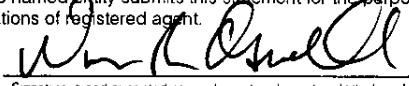
FILED

05 APR 28 AM 10:35

SECRETARY OF STATE
TALLAHASSEE




1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent OSWELL, WILLIAM R 97 RAMSEY RD FREEPORT FL 32439				7. Name and Address of New Registered Agent 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  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 4/1/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
NAME	CAMPBELL, DONALD			NAME	← AS PER UT TO PRES / TS		
STREET ADDRESS	433 MINNESOTA AVENUE 57 OWENS AVE		STREET ADDRESS				
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32435		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OSWELL, WILLIAM R		NAME				
STREET ADDRESS	97 RAMSEY RD		STREET ADDRESS				
CITY-ST-ZIP	FREEPORT FL 32439		CITY-ST-ZIP				
TITLE	TS	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOWE, VERNON		NAME	50005420232			
STREET ADDRESS	69 HICORY ST		STREET ADDRESS	05/10/05--01034--003 **158.75			
CITY-ST-ZIP	FREEPORT FL 32439		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **WILLIAM R OSWELL** - 4/1/05 - 850 951-2371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #