2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000030343

1. Entity Name
WALTON ELECTRIC & AC, INC.

Principal Place of Business	Mailing Address
57 OWENS AVE DEFUNIAK SPRINGS, FL 32433	PO BOX 1288 SANTA ROSA BEACH, FL 32459

DO NOT WRITE IN THIS SPACE

03212008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3564106	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

OSWELL, WILLIAM R
97 RAMSEY RD
FREEPORT, FL 32439

DO NOT WRITE IN THIS SPACE

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]_   3/25/8

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	CAMPBELL, DONALD C
STREET ADDRESS	57 OWENS AVE
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435

TITLE	VP
NAME	OSWELL, WILLIAM R
STREET ADDRESS	97 RAMSEY RD
CITY-ST-ZIP	FREEPORT, FL 32439

U00000922541
05/15/08-80050-018 150.00

DO NOT WRITE IN THIS SPACE

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]_ D C CAMPBELL, PRES   3/24/08   951-2377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #