

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000030343

Entity Name: WALTON ELECTRIC & AC, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

57 OWENS AVE
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

PO BOX 1288
SANTA ROSA BEACH, FL 32459

New Mailing Address:

97 RAMSEY RD
FREEPORT, FL 32439

FEI Number: 59-3564106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSWELL, WILLIAM R
97 RAMSEY RD
FREEPORT, FL 32439 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: CAMPBELL, DONALD C
Address: 57 OWENS AVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VP () Delete
Name: OSWELL, WILLIAM R
Address: 97 RAMSEY RD
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: CAMPBELL, DONALD C
Address: PO BOX 897
City-St-Zip: FREEPORT, FL 32439

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONALD CAMPBELL

PTS

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date