

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90074 026 \*\*\*150.00

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01142005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P99000055598</b>					
1. Entity Name <b>WALLER'S INOCO, INC.</b>					
Principal Place of Business 435 U.S. HWY. 90 WEST DEFUNIAK SPRINGS, FL 32433			Mailing Address 435 U.S. HWY. 90 WEST DEFUNIAK SPRINGS, FL 32433		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3581286</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WELTON &amp; WILLIAMSON, P.A. 1020 FERDON BLVD SOUTH CRESTVIEW, FL 32536</b>				7. Name and Address of New Registered Agent Name <b>Welton + Williamson, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>1020 S. Ferdon Blvd.</b> City <b>Crestview</b> FL <b>32536</b>	
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 <i>[Signature]</i> DATE <b>1-14-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMSON, GLEN	NAME			
STREET ADDRESS	335 TWIN LAKE DR.	STREET ADDRESS			
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMSON, HILTON	NAME			
STREET ADDRESS	377 COY ELLIS ROAD	STREET ADDRESS			
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	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: <i>[Signature]</i> <b>Glen Williamson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date <b>4/6/05</b> Daytime Phone # <b>850-892-3034</b>	