2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S39180

Title:

Name:

Address:

City-St-Zip:

FILED Aug 24, 2005 Secretary of State

					,
Entity Na	me: WALCO	SERVICE CENTER, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	HN SIMS PKW` E, FL 32578	Y			
Current Mailing Address:			New Mailing Address:		
	HN SIMS PKW` E, FL 32578	(
FEI Number: 59-3055834 FEI Number Applied For ()			FEI Number Not Applicable ()		Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
300 RILEY	JAMES K JR. 'RD. E, FL 32578	US			
	e named entity : e of Florida.	submits this statement for the p	urpose of changing i	ts registered	office or registered agent, or both,
SIGNATU	RE:				
Florida - O-		nic Signature of Registered Age	ent		Date
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PT () WILSON, JAME 300 RILEY RD, NICEVILLE, FL		Title: Name: Address: City-St-Zip:	PT (X WILSON, JAM 300 RILEY RD NICEVILLE, FI).
Title: Name: Address: City-St-Zip:	D () JACKSON, TEF 1420 CEDAR S NICEVILLE, FL	т	Title: Name: Address: City-St-Zip:	VS (X WILSON, DEB 300 RILEY RO NICEVILLE, FI	DAD
Title: Name: Address: City-St-Zip:	D (X HURNDON, WI 452 E. CHESTI CRESTVIEW, F	NUT AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (X HELTON, GEO 303 E 1ST AVE CRESTVIEW, F		Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES K. WILSON JR P 08/24/2005

(X) Delete

WILSON, DEBBIE

300 RIELY ROAD

NICEVILLE, FL 32578

() Change () Addition

The corporation has indicated in accordance with s. 607.193(2)(b), F.S., it did not receive the prior notice. They have requested the late fee be waived.