2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 524997

1. Entity Name
GULF WALTON, INC.

Principal Place of Business	Mailing Address
U.S. HIGHWAY 331 & I 10 P O BOX 852 DEFUNIAK SPRGS., FL 32433	U.S. HIGHWAY 331 & I 10 P O BOX 852 DEFUNIAK SPRGS., FL 32433

06282005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-1739290
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARD R. BENNETT
10 SECOND AVE.
SHALIMAR, FL 32579

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	DYE, DAVID E.
STREET ADDRESS	FROUTE 1, BOX 107-H
CITY-ST-ZIP	FREEPORT, FL
TITLE	PD
NAME	BENNETT, RICHARD R.
STREET ADDRESS	10 SECOND AVE.
CITY-ST-ZIP	SHALIMAR, FL
TITLE	VPD
NAME	BENNETT, BETTY J.
STREET ADDRESS	10 SECOND AVE.
CITY-ST-ZIP	SHALIMAR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/05/05-80003-011 150.00

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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: _____ 6/30/2005 850 585 2880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #