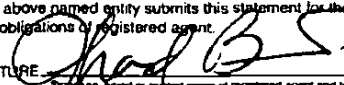
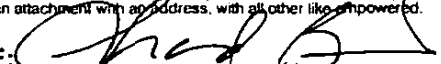


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

3, Mar 19, 2007 8:00 am
Secretary of State

03-07-2007 90006 030 ***150.00

DOCUMENT # 524997			
1. Entity Name GULF WALTON, INC.			
Principal Place of Business U.S. HIGHWAY 331 & 110 P O BOX 852 DEFUNIAK SPRGS., FL 32433		Mailing Address U.S. HIGHWAY 331 & 110 P O BOX 852 DEFUNIAK SPRGS., FL 32433	
2. Principal Place of Business - No P.O. Box # 2343 Freeport Rd Suite, Apt. #, etc.		3. Mailing Address P.O. Box 852 Suite, Apt. #, etc.	
City & State Defuniak Spg, FL		City & State Defuniak Spgs	
Zip 32435 Country U.S.		Zip FL Country U.S.	
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. #4 SECOND AVE. SHALIMAR, FL 32579 P.O. Box 753		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  RICHARD BENNETT 1/11/2007 (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DYE, DAVID E. FRONT ST. BOX 1074 2824 EDGEWATER DR. FREEPORT, FL NICEVILLE, FL 32578	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2824 Edgewater Dr. Niceville, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENNETT, RICHARD R. 10 SECOND AVE. #4 SECOND AVE. SHALIMAR, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BENNETT, BETTY J. 10 SECOND AVE. #4 SECOND AVE. SHALIMAR, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  RICHARD BENNETT 1/11/2007 11850 585-2880		Date Daytime Phone #	

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