2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State
03-07-2007 90006 030 ***150.00

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01092007 Chg-P CR2E034 (12/06)

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2343 Freeport Rd	P.O. Box 852
Suite, Apt. #, etc.	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	7. Name and Address of New Registered Agent
RICHARD R. BENNETT ~~10~~ SECOND AVE. #4 SECOND AVE. SHALIMAR, FL 32579 ~~P.O. Box 753~~	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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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. ~~ROUTE 1, BOX 107 H~~ 2824 EDGEWATER ~~FREEPORT, FL~~ NICEVILLE, FL. 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BENNETT, BETTY J. ~~10 SECOND AVE.~~ #4 SECOND AVE. SHALIMAR, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #