

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000007143

**Entity Name:** WALK CONNECTED, INC.

**Current Principal Place of Business:**

28129 HERRING WAY  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

PO BOX 110604  
NAPLES, FL 34108

**FEI Number: 26-0785505**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SALVATORI & WOOD, P.L.  
4001 TAMiami TRAIL NORTH  
SUITE 330  
NAPLES, FL 34103 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P/D  
Name KORNBLUE, BRANDON  
Address 28129 HERRING WAY  
City-State-Zip: BONITA SPRINGS FL 34135

Title P/D  
Name GRAEVE, JOSHUA  
Address 9650 VICTORIA LN #301  
City-State-Zip: NAPLES FL 34120

Title S/D  
Name MINISCI, MICHELLE  
Address 3955 14TH ST N  
City-State-Zip: NAPLES FL 34103

Title CARE  
Name TAYLOR, TIFFANY  
Address 14640 DUKE HIGHWAY  
City-State-Zip: ALVA FL 33920

Title EVNT  
Name MILLAR, BEN  
Address 1447 SHADOWLAWN DR  
City-State-Zip: NAPLES FL 34104

Title CG  
Name MCCLEAF, DAVID  
Address 16081 SOUTH PEBBLE LANE  
City-State-Zip: FT. MYERS FL 33912

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHELLE MINISCI**

**S/D**

**03/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date