

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