

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S45028

**Entity Name:** H.B. WALKER, INC.

**Current Principal Place of Business:**

2895 MERCY DRIVE  
ORLANDO, FL 32808

**Current Mailing Address:**

POST OFFICE BOX 580099  
ORLANDO, FL 32858 US

**FEI Number:** 59-3064090

**Certificate of Status Desired:** Yes

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

WALKER, INEZ B  
2895 MERCY DRIVE  
ORLANDO, FL 32808 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            PRESIDENT  
Name            WALKER, HAILLE B  
Address        2895 MERCY DR  
City-State-Zip: ORLANDO FL 32808

Title            VP  
Name            WALKER, JR., HERBERT B  
Address        2895 MERCY DR.  
City-State-Zip: ORLANDO FL 32808

Title            SECRETARY, DIRECTOR  
Name            WALKER, INEZ B  
Address        2895 MERCY DRIVE  
City-State-Zip: ORLANDO FL 32808

Title            DIRECTOR  
Name            WALKER, THEA  
Address        2895 MERCY DRIVE  
City-State-Zip: ORLANDO FL 32808

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

**SIGNATURE:** HAILLE WALKER

**PRESIDENT**

**03/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date