



2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 264157 1. Entity Name WALKER BROTHERS MILLWORKS INC						FILED 06 FEB 22 PM 12:48 TALLAHASSEE, FL 	
Principal Place of Business 12800 W. COLONIAL DR. WINTER GARDEN, FL 34787 US				Mailing Address 12800 W. COLONIAL DR. WINTER GARDEN, FL 34787 US			
2. Principal Place of Business		3. Mailing Address		02152006 Chg-P CR2E034 (11/05) 4. FEI Number 59-0977987 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent WALKER, MARTHA L. 610 TEACUP SPR. CT. WINTER GARDEN, FL 34787			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 WALKER, THOMAS L 4143 GREEN FERN DRIVE ORLANDO, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300067450193 03/09/06--01017--017 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, JOHN H 10519 HOLLY CREST DR ORLANDO, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LINKH, KEVIN 7950 GROVEMONT ESTATES RD GROVELAND, FL <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO ADDITIONAL OFFICER <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRIS, LINDA 13906 MATANZAS DR SE FT. MYERS, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, ROBERT N 1627 LAMPLIGHTER WAY ORLANDO, FL 32808 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO ADDITIONAL OFFICER <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, MARTHA L 610 TEACUP SPRINGS COURT WINTER GARDEN, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TR 2/23/04		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				2-15-06 407-656-2430 Date Daytime Phone #			