2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 392670

1. Entity Name
WALKAT, INC.

Principal Place of Business	Mailing Address
110 LAKE STELLA DR. AUBURNDALE, FL 33823	110 LAKE STELLA DR. P.O.BOX 605 AUBURNDALE, FL 33823

DO NOT WRITE IN THIS SPACE

01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1414368
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, MARY K
110 LAKE STELLA DR.
AUBURNDALE, FL 33823

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JAMES W. KERSEY
STREET ADDRESS	32803 IVANHOE PLAZA
CITY-ST-ZIP	ORLANDO, FL
TITLE	VDST
NAME	KERSEY, DAVID M.
STREET ADDRESS	704 HARDY WAY
CITY-ST-ZIP	AUBURNDALE, FL
TITLE	D
NAME	KERSEY, E. W
STREET ADDRESS	110 LAKE STELLA DR.
CITY-ST-ZIP	AUBURNDALE, FL
TITLE	STD
NAME	WRIGHT, MARY K
STREET ADDRESS	110 LK STELLA DR.
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/05-80002-006 150.00

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12. *I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: E.W. Kersey Dir. 1-17-05 863 967 3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #